

**Appendix "A" to General Blasting Regulations**

**Form 1  
BLASTING INCIDENT REPORT**

Blaster's Name \_\_\_\_\_ Cert. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Supervisor \_\_\_\_\_ Location of Incident \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Weather \_\_\_\_\_  
Day Shift \_\_\_\_\_ Night Shift \_\_\_\_\_  
Name of Person Completing This Report \_\_\_\_\_  
Phone # \_\_\_\_\_  
Name and Address of Injured Persons \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Witnesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Incident Misfire \_\_\_\_\_ Flyrock \_\_\_\_\_ Accidental Firing \_\_\_\_\_  
Property Damage \_\_\_\_\_ Other \_\_\_\_\_  
Type of Blasting Electric \_\_\_\_\_ Non-Electric \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
Type of Explosive Nitro \_\_\_\_\_ Other \_\_\_\_\_  
Brand Name of Explosive \_\_\_\_\_  
Quantity of Explosives Involved \_\_\_\_\_  
Loading and Pattern Details (from blasting log) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause of Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of Incident \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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