



Incident Report Explosives and Restricted Components

1. HOLDER OF LICENCE, PERMIT OR CERTIFICATE INFORMATION		
Licence Holder Name or Company Name:	Licence Number:	
Address:	Phone Number:	
2. POLICE FORCE INVOLVED IN THE INVESTIGATION		
Name of the Police Force Contacted:	File Reference or Contact Person:	
City, Province/Territory:	Phone Number:	
3. INCIDENT INFORMATION		
Date of the Incident (yyyy-mm-dd):	Time of the Incident (HH:MM):	
Location of the Incident (Street Address, City/Town, Province/Territory):		
Type of Incident: <input type="checkbox"/> Attempted Theft <input type="checkbox"/> Theft <input type="checkbox"/> Refusal of Sale <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Loss <input type="checkbox"/> Spill <input type="checkbox"/> Other (specify):		
Explosive(s) and/or Restricted Component(s) Involved: <input type="checkbox"/> Type C: Cartridges <input type="checkbox"/> Type F: Fireworks <input type="checkbox"/> Type R: Rocket Motors <input type="checkbox"/> Type D: Military / Law Enforcement Explosives <input type="checkbox"/> Type I: Initiation Systems <input type="checkbox"/> Type S: Special Purpose Explosives <input type="checkbox"/> Type E: High Explosives <input type="checkbox"/> Type P: Propellant Powder <input type="checkbox"/> Restricted Components		
Description of the Explosives and/or Restricted Components Involved (specific sub-type, commercial name, etc.):		
Quantity of Explosives and/or Restricted Components Involved:		
Description and Details about the Incident (include photos, if available):		
Number of People Evacuated:	Number of People Injured:	Number of Fatalities:
Nature of the Injuries (ex: burns to face and hands):		
Details of the Property Damage:		
Results of Investigation and Actions Planned or Taken (or specify a date when final results will be sent to the ERD):		
4. INCIDENT REPORTED BY		
Name (print):	Email Address:	
Phone Number:	Date:	
5. INCIDENT REVIEWED BY (TO BE COMPLETED BY THE ERD)		
Name (print):	Email Address:	
File / Incident No.:	Date:	

Send report to: Explosives Regulatory Division
588 Booth Street, Ottawa, Ontario, K1A 0E4
Tel.: 1-855-912-0012 | ERDmms@nrcan.gc.ca