



# CITY OF HENDERSON

**BUILDING AND FIRE SAFETY, FIRE SAFETY ENGINEERING**  
240 Water Street, P.O. Box 95050, Henderson, NV 89009-5050  
Phone - 702-267-3630 Fax - 702-267-3603

## Drilling or Blasting Non-Compliant Incident Report Form

Internal Use Only

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

(Use and attach FS Form B1-009, Review of Drilling or Blasting Non-Compliant Incident, for follow-up.)

*HMC 15.33.130.07 Use this form to provide written notification to the Fire Chief and Building & Fire Safety Director of any incident, damage claim, or neighbor annoyance report brought to the permittee's attention. This form shall also be used to report blasts that exceed the limits established in the Blasting Ordinance. This form shall be submitted within twenty-four (24) hours after a report of an incident, damage or annoyance.*

Date:	Time:
Reporting Person:	Telephone Number:
Contractor Name:	Fax Number:
Contractor Address:	Email Address:
Blaster in charge:	Blasters License Number:
Project Name:	Permit Number:
Location of Incident:	
Location GPS Coordinates:	
Latitude: _____ ° Degrees	_____ ' Minutes _____ " Seconds
Latitude: _____ ° Degrees	_____ ' Minutes _____ " Seconds
Date of Incident:	Time of Incident:
Weather Conditions (at time of incident):	
Cloud Cover: _____	Wind speed _____ mph Direction _____
Type of Incident/Limit Exceeded:	
<input type="checkbox"/> Personal Injury/Death	<input type="checkbox"/> Property Damage Claim <input type="checkbox"/> Annoyance Report
<input type="checkbox"/> High Air blast, _____ dBL	<input type="checkbox"/> Excessive Ground Motion, _____ in/s @ _____ hz
<input type="checkbox"/> Misfire <input type="checkbox"/> Fly rock	<input type="checkbox"/> Other, Specify _____
Blast Ignition Source:	
<input type="checkbox"/> Electric	<input type="checkbox"/> Non-Electric, Specify: _____
Type of Explosive:	
<input type="checkbox"/> ANFO (Premix) <input type="checkbox"/> ANFO (Onsite-mix) <input type="checkbox"/> Nitro	<input type="checkbox"/> Other, Specify: _____
Brand Name of Explosive: _____	Quantity of Explosives Used: _____
The following documents shall be provided if requested by the City of Henderson:	
<input type="checkbox"/> Blast plan showing specific drilling and loading pattern.	<input type="checkbox"/> Seismograph report.
<input type="checkbox"/> Blasting report.	<input type="checkbox"/> Drill and blast logs and checklists.
<input type="checkbox"/> Photographs of incident.	<input type="checkbox"/> Video of incident (if available).

**Drilling or Blasting Non-Compliant Incident Report – (Continued)**

**Description and Summary of Incident.** (Describe in detail what occurred, how it occurred, what caused it, why it occurred, who witnessed it (provide names and phone numbers), etc. Attach additional sheets if needed.)

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**Corrective Actions and Recommendations.** Describe in detail corrective measures taken to prevent similar future occurrences. Include specific actions being taken. Attach additional sheets if needed.

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