

Fire/Explosion Incident Form (Welding Activities)

Incident Details

Date of Incident

Time of Incident

Location

Reported By

Department

Personnel Involved

Name

Designation

Contact Info

Welding Activity Details

Description of Activity

Type of Welding

Permit Issued

Incident Description

Describe the Fire/Explosion

Suspected Cause

Immediate Actions Taken

Injuries/Damages

Injuries (if any)

Equipment/Material Damages

Witnesses

Name

Contact Info

Corrective/Preventive Actions

Suggested Actions to Prevent Recurrence