

## **Fireworks Incident Report Form**

## **Instructions**

- Print or type your information.
- 28 TAC Section 34.819(d) requires licensees and permittees to report in writing any
  unauthorized incident of explosion or fire involving fireworks to the state fire marshal within 10
  days after the occurrence. Incidents resulting in injury or death shall be reported immediately.
  In addition, 28 TAC Section 34.819(c) requires the loss, theft, or unlawful removal of black
  powder and Fireworks 1.3G shall be reported immediately to the State Fire Marshal.

## 1. Licensee or Permittee Reporting the incident (required)

First and last name	Date of birth	Permit or License number	
Mailing address			
City	State	ZIP	
Representing (company name or self)	Phone number		
Email			
Incident information			
Date (MM/DD/YYYY)	Time		
Name of location			
Name of location  Location address			

3. Type of incident (mark all	that apply)		
☐ Theft ☐ Fire ☐ Explos	sion		
Other			
Name and address of injured pe an additional sheet.	erson, if applicable	. If more than one person was injured, please use	
First name	Last na	ame	
Address			
City	State	County	
4. This occurred at or during	(mark all that	apply)	
Fireworks 1.3G public displa	y 🗌 FI	Flame effects show	
Fireworks sales location	Py	yrotechnics before a proximate audience	
A fireworks storage facility	□ o	ther	
Provide a brief description of th	e incident (use ado	ditional sheets if necessary).	
5. Signature			
By submission of this form to the herein is true and correct to the		nal's Office, it is implied that the information edge.	
Print name			
Signature		Date	

## Your rights

You can request information we have about you by emailing <a href="mailto:OpenRecords@tdi.texas.gov">OpenRecords@tdi.texas.gov</a> or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to <a href="mailto:RecordCorrections@tdi.texas.gov">RecordCorrections@tdi.texas.gov</a> or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030. There is a different process to change or update information you submitted to the State Fire Marshall's Office (SFMO). To update information submitted to SFMO, email <a href="mailto:FMLicensing@tdi.texas.gov">FMLicensing@tdi.texas.gov</a>. There may be a fee to update information held by SFMO.