



OFFICE OF THE STATE FIRE MARSHAL  
 DISPLAY OPERATOR/SPECIAL EFFECTS OPERATOR  
 AFTER ACTION REPORT



This After Action Report is generated as required by Rules Pursuant to the Utah Fireworks Act R-710.2.7.19

NAME OF OPERATOR OR ARTISAN	DATE OF EVENT OR SHOW
NAME OF COMPANY	LICENSE NUMBER
ADDRESS AND/OR LOCATION OF EVENT OR SHOW	VENUE OR COUNTY
<input type="checkbox"/> NFPA 1123 OUTDOOR DISPLAY OPERATOR <input type="checkbox"/> NFPA 1126 SPECIAL EFFECTS/PROXIMAL AUDIENCE	

I hereby certify that I conducted the public display listed above and supervised the firing of all pyrotechnics. Listed below are the names of persons who assisted in conducting the display.

Name	License Number	Address/City/State/Zip	Age

Please use reverse side to list additional personnel.

Were all flammable materials, fuels, pressure cylinders, dispensers, igniters or vessels, cleared, vented, stabilized, shut off and secured appropriately? <input type="checkbox"/> Y <input type="checkbox"/> N
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	YES / NO	EXPLAIN EVENT/MITIGATION (Please use reverse side for further explanation.)
Any duds or defective shells?		
Any injuries? If yes, list Name/Address/Age		
Any fire caused by fireworks?		
Any violations or irregularities?		
Number and size of shells used or number and types of special effects used:		

This report must be filed with the Office of the State Fire Marshal by the pyrotechnician conducting the display within ten (10) working days following the display. Failure to do so or misrepresenting or concealing any facts or incidents concerning the display shall constitute grounds for license suspension, revocation and/or denial of license renewal.

Office of the State Fire Marshal  
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 Fax: 801-284-6351  
 Email: janetread@utah.gov

**ONLY ONE AFTER ACTION REPORT PER FLAME  
 EFFECTS DISPLAY OR PERFORMANCE**