OFFICE OF THE STATE FIRE MARSHAL
FLAME EFFECTS OPERATORS
AFTER ACTION REPORT

This After Action Report is generated as required by Rules Pursuant to the Utah Fireworks Act R-710-2-8(19)

NAME OF OPERATOR	DATE OF EVENT OR SHOW
NAME OF COMPANY	LICENSE NUMBER
ADDRESS AND/OR LOCATION OF EVENT OR SHOW	VENUE OR COUNTY
□ NFPA 1123 Outdoor Display Operator □ NPFA 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? □ Y □ N

	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 and performance shall constitute grounds for license suspension, revocation and/or denial of license renewal.

Office of the State Fire Marshal
5272 South College Dr. Suite 302
Murray, UT 84123
Phone: 801-284-6350
Fax: 801-284-6351
Email: jldemille@utah.gov

ONLY ONE AFTER ACTION REPORT PER DISPLAY OR PERFORMANCE

(make copies as needed)

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Signature of Pyrotechnician Date