VUL-FRM-16-03 Misfire Report Form

Reported by:		**Report Date:**
Blast Location:		**Blast Date:**
Hole Angle:		**Initiation System:**
Hole Depth (avg):		**Product Type(s):**
Charge/Hole (avg):		
Total Holes:		**Total Explosive (kg):**
Misfire Type: Surface / Down Hole		**No. of Holes:**
Description:		
Initial Action Taken to Rectify Misfire:		
Initial Possible Cause of Misfire:		
Further Action Required:		
Action to be taken to prevent recurrence of similar misfire:		
Evidence Gathered/ Attached:		
Status:		**Misfire Cleared: Y / N**
Shotfirer:	**Signature:**	**Date:**
Supervisor:	**Signature:**	**Date:**