

Firefighting Foam or Chemical Use

Were firefighting foams/chemicals utilized? No

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

Detailed Description of Accident:

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

During routine preventative maintenance activities on an ECD, a brief flash event occurred.

OTHER NOTIFICATIONS

List all parties and agencies that were notified or responded to the accident. (For example: Local Government Designee, Municipality, County, BLM, EPA, CDOT, Local Emergency Planning Coordinator, etc.)

Date	Agency	Contact	Response
09/17/2024	Weld Co. OEM	Dave Burns	Voicemail message left informing Mr. Burns of the event on 9/17/2024 @ 14:52
09/17/2024	ECMC	Mike Leonard	Notified of event via phone call on 9/17/2024 @ 14:48

OPERATOR COMMENTS and SUBMITTAL

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Luke Kelly Email: LKelly@Civiresources.com

Signature: _____ Title: Environmental Manager Date: 09/18/2024

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

	Prior to November 19, 2024 submit subsequent Form 22 documenting root cause. Include documentation of policies, procedures, practices and training implemented to prevent future occurrences.
1 COA	

--

ATTACHMENT LIST

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

]