**ALUMINUM ASSOCIATION**

**MOLTEN METAL INCIDENT REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: |       | Predominant Plant Activity: |        |
|  | (month/year) |  |  |
| Explosion Force – Mark One: | Force **1**  | [ ]  | Force **2**  | [ ]  | Force **3**  | [ ]  |
|  | For definition of force, click arrow to see a description |
| Alloy |       | Metal Temperature |       [ ]  °F [ ]  °C | Approximate Amount of Metal Involved |       [ ]  lbs [ ]  kilograms |

**OPERATION:**

|  |  |  |
| --- | --- | --- |
| **Charging / Melting** |  Type of Furnace |        |
| Furnace Capacity |       [ ]  lbs [ ]  mt |  % Full |       |  |  |
| Materials Charged |       |
| Outside Storage? | Yes | [ ]  | No | [ ]  | Preheat? | Yes | [ ]  | No | [ ]  | Preheat Time/Temp:  |       hrs |       [ ]  °F [ ]  °C |

|  |  |  |
| --- | --- | --- |
| **Transfer** Type |        |  |

|  |  |
| --- | --- |
| **Casting** Type |        Type of Product being Cast:  |
| Stage of Operation: |        |

|  |  |
| --- | --- |
| **Other** Describe |         |

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Injuries by Type: Minor**       **Severe**       **Fatal**

|  |  |  |
| --- | --- | --- |
| **Provide a brief description of the incident and its root cause(s):** |  |  |

 |
| .      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **If Charging/Melting Incident, please select appropriate Primary and Secondary cause(s):**   If Contaminations (other than moisture) was selected, please specify:        | **If Transfer Incident, please select appropriate Primary and Secondary cause(s):**   | **If Casting Incident, please select appropriate Primary and Secondary cause(s):**  If Bleed-out/Bleed-over is selected above, describe reason for Bleed-out or Bleed‑Over:     If Explosion due to Bleed-out/Bleed-over was selected above, where was the location of Explosions:       If Metal Level Control Problem was selected above, please specify location of problem:        |

|  |
| --- |
| **Please return to:****Andrew Smith****Manager, Regulatory AffairsThe Aluminum Association.****1400 Crystal Drive, Suite 430****Arlington, VA 22202**  |
| When you have completed the form please send it as an attachment asmith@aluminum.org.  |