

Detailed Description of Accident:

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

While lighting an ECD, the ignition chamber flashed causing minor burns to the hand of a Bonanza Creek employee. He was taken to the hospital for evaluation and was released. Bonanza Creek will conduct an accident investigation next week.

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

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: Brian Dodek Email: bdodek@bonanzacrck.com
 Signature: _____ Title: Env Manager Date: 10/11/2019

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to December 13, 2020 provide root cause. Provide documentation of policies, practices, procedures and training implemented to prevent future occurances
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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)

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