Post Fireworks Display Checklist
527 CMR 1.00: 65.2.6.1
This form shall be completed by the competent operator following a fireworks display.*

Post Display Search

Date __________ Location of Display ____________________________________________________________

Name of Competent Operator__________________________________________ CC # __________

1) Was the entire display area checked for unexploded shells? Yes ___ No ___

2) Start time of search _________ Finish time of search _________

3) Were any unexploded shells located? Yes ___ No ___
   If shells were located, how were they disposed of? _______________________________________
   ___________________________________________________________________________________

4) Please indicate who you notified of your findings following the search_________________________
   ___________________________________________________________________________________

5) Comments ___________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

In accordance with 527 CMR 1.00: 65.2.6.1, I hereby acknowledge and attest that the information
provided in this form is true and accurate.

Signature _____________________________ Print Name ______________________________
CC # _________________________________
Received by (Head of Fire Department or Designee) ___________________________ Date ________
First Light Search

Date__ Location of Display ________________________________________________________________

Name of Competent Operator____________________________________________________________ CC #_________

1) Was the entire display area checked for unexploded shells?  Yes ___  No ___
2) Start time of search _________  Finish time of search _________
3) Were any unexploded shells located?  Yes ___  No ___
   If shells were located, how were they disposed of? _______________________________________
   ___________________________________________________________________________________
4) Please indicate who you notified of your findings following the search________________________
   ___________________________________________________________________________________
5) Comments _______________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

In accordance with 527 CMR 1.00: 65.2.6.1, I hereby acknowledge and attest that the information
provided in this form is true and accurate.

Signature ______________________________   Print Name ___________________________________
CC # _________________________________

Received by (Head of Fire Department or Designee) ___________________________ Date ________

* Substitute competent operators shall be approved by the authority having jurisdiction (AHJ).