



Department of Fire Services  
Commonwealth of Massachusetts

Post Fireworks Display Checklist (FP-027B)

**Post Display Search**

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

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.**

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

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).