

527 CMR 1.00 Chapter 65
NFPA 495 2013 Edition (including annex)
Uniform Blasting Site Detail Check List

Location: _____ **Date:** _____

Blaster's Name: _____ **Cert. #:** _____

Company Name: _____ **Time of Blast:** _____

Check List

Violations?	YES	NO
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>
Transport Vehicle(s) (Placards, Fire Marshal Magazine Permit, Attended)	<input type="checkbox"/>	<input type="checkbox"/>
Site Storage (Day Box) (Fire Marshal Magazine Permit, Attended)	<input type="checkbox"/>	<input type="checkbox"/>
NO smoking or open flames (within 50ft of explosives)	<input type="checkbox"/>	<input type="checkbox"/>
NO unnecessary personnel on the blast site	<input type="checkbox"/>	<input type="checkbox"/>
Prior to blasting, excess explosives returned to proper storage	<input type="checkbox"/>	<input type="checkbox"/>
Seismograph placed at nearest inhabited structure	<input type="checkbox"/>	<input type="checkbox"/>
Explosives, personnel & equipment kept at a safe distance prior to blast	<input type="checkbox"/>	<input type="checkbox"/>
Warning signal (3 long blasts 5 min before blast)	<input type="checkbox"/>	<input type="checkbox"/>
Blast Signal (2 blasts 1 min before blast)	<input type="checkbox"/>	<input type="checkbox"/>
All Clear Signal (1 prolonged blast)	<input type="checkbox"/>	<input type="checkbox"/>
Post Blast Inspection (Blaster must inspect site prior to personnel returning)	<input type="checkbox"/>	<input type="checkbox"/>
Trash (boxes, bags, non-electric) (Shall be picked up and/or destroyed)	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Seismograph Recordings

Location of seismograph: _____

PPV: T _____ V _____ L _____ (2.0 in/sec max)

HZ (freq): T _____ V _____ L _____

Airblast: _____ dB (133 max)

Report any incident involving flyrock, damage or injury to the Office of the State Fire Marshal at 978-567-3375.