

Name of Pre-Blast Survey Company: _____ Survey Company Phone Number: _____

Name of Liability Insurance Carrier: _____ Insurance Carrier Phone Number: _____

Blaster's Name: _____ Certificate of Competency Number: _____

Blaster's Work Phone Number: _____

Blaster's Signature: _____ Date: _____

REPORT OF FIRE DEPARTMENT INQUIRY AND VIOLATION(S) FOUND

Were the Blasting Logs reviewed as a result of this complaint?: YES NO

Were violation(s) found as a result of the review of this complaint?: YES NO

If yes, has a Notice of Violation been issued by your department? (If yes, attach copy): YES NO

Signature of Fire Department Officer: _____ Date: _____

After review of this complaint, please send copies of this form, blasting log(s), seismograph record(s) and Notice(s) of Violation to the Office of the State Fire Marshal. Incomplete complaints will be returned to the department.

----- State Fire Marshal Use Only -----

Reviewed by: _____ Date: _____

Logs Attached: Yes No Violations: Yes No

Comments/Notes: _____

