



**APPROVAL FOR SUSPENSION OF PRE-BLAST SURVEYS (FP-297)**

**Location of Blasting**

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Approx. duration of project: \_\_\_\_\_

**Explosives User Certificate Holder**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ EUC number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Certificate of Competency Holder**

Name: \_\_\_\_\_ CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**NOTE: A separate approval must be issued to each blaster listed on the blasting permit.**

**Under the pains and penalties of perjury, I declare the following:**

- (1) I have read and fully understand the contents of the Massachusetts Comprehensive Fire Safety Code, 527 CMR 1.00, and M.G.L. c 148.
- (2) All blasting will be conducted in accordance with 527 CMR 1.00.
- (3) All blasting conducted under this approval will strictly adhere to Scaled Distance 50 [Allowed Charge Weight per Delay = (distance to structure/50)<sup>2</sup> ].
- (4) The peak particle velocity shall be limited to 0.5in/s.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to comply with the conditions of this approval may result in the suspension or revocation of the approval.**

Signature of Head of the Fire Department (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED { } DENIED { }**

A copy of this approval shall be kept in possession of the blaster when blasting.