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.

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).