

EXPLOSIVES BLAST REPORT

PROJECT: _____ DATE: _____ EXACT TIME: _____
ADDRESS _____
(EXACT LOCATION): _____
CONTRACTOR: _____ WEATHER: _____

IDENTIFICATION OF NEAREST STRUCTURES IN VIBRATION SENSITIVE AREA: (DIRECTION, DISTANCE IN FEET, AND DESCRIPTION):

TYPES OF EXPLOSIVES USED	TYPE OF MATERIAL BLASTED	NO. OF HOLES DETONATED	DEPTH OF HOLE	DIAMETER OF HOLES	BURDEN / SPACING
AMOUNT OF EXPLOSIVES PER HOLE OR CHARGE	TOTAL AMOUNT OF EXPLOSIVES	TYPE OF STEMMING	HEIGHT OF STEMMING	TYPE OF DELAY	DELAY PERIOD
MAXIMUM AMOUNT OF EXPLOSIVES AND HOLES DETONATED WITHIN 8 MILLISECONDS			METHOD OF FIRING / TYPE OF CIRCUIT		
EXPLOSIVES: _____		HOLES: _____			
WERE MATS OR OTHER PROTECTION USED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
WERE SEISMIC READINGS TAKEN?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, ATTACH READINGS TO BLAST REPORT	

RESULTS:

COMMENTS:

BLASTER IN CHARGE:

SIGNATURE: _____

TYPE I PERMIT NUMBER: _____

PRINTED NAME: _____

DATE: _____