



The Commonwealth of Massachusetts
 Executive Office of Public Safety
 Department of Fire Services
 P.O. Box 1025 ~ State Road
 Stow, Massachusetts 01775
 (978) 567 - 3100 Fax: (978) 567 - 3121



STEPHEN D. COAN
 STATE FIRE MARSHAL
 THOMAS P. LEONARD
 DEPUTY STATE FIRE MARSHAL

BLASTING DAMAGE COMPLAINT FORM
 (to be completed by complainant)
PROPERTY OWNER INFORMATION

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____
 (Town)
 Type of Structure: _____ Address of Structure: _____
 (Street)
 Property Owner's Name: _____ Phone Number: _____
 Property Owner's Address: _____
 (Address, City, State, Zip)
 Complainant's Name If Different: _____ Phone Number: _____
 Complainant's Address If Different: _____
 (Address, City, State, Zip)
 Did this property have a Pre-Blast Survey prior to the start of blasting? YES NO

<p>DESCRIPTION OF ITEM OR AREA OF ALLEGED DAMAGE</p> <hr/> <hr/> <hr/> <hr/>

(This form must be returned to the head of the fire department within 30 days of the alleged incident.)

<p>CERTIFICATION OF DAMAGE – <u>PLEASE READ</u> AND SIGN</p> <p><i>I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this complaint. I am aware that there are significant penalties for submitting false information including possible fines, civil penalties and imprisonment.</i></p> <p>Signature of Property Owner: _____ Date Signed: _____</p>

Name of Fire Department: _____ Address of Blast: _____

(to be completed by Fire Department)
BLASTING COMPANY AND FIRE DEPARTMENT INFORMATION

Name of Blasting Company Use and Handling [Permit to Blast] Issued to: _____

Blasting Company Phone Number: _____ Explosives User's Certificate Number: _____

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: _____

Send copies of this form, blasting log(s), seismograph record(s) and Notice(s) of Violation to the Office of the State Fire Marshal.

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

Reviewed by: _____ Date: _____

Logs Attached: Yes No Violations: Yes No

Comments/Notes: _____

