FP-296

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services
P.O. Box 1025 ~ State Road
Stow, Massachusetts 01775
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STEPHEN D. COAN
STATE FIRE MARSHAL

THOMAS P. LEONARD
DEPUTY STATE FIRE MARSHAL

BLASTING DAMAGE COMPLAINT FORM

(To be completed by complainant or property owner and returned to the head of the fire department within 30 days of the alleged incident; please print clearly)

Date of Incident: _____ **Time of Incident:** _____ **Location of Incident**: _____
(City / Town)

Type of Structure: _____ **Address of Structure:** _____
(residential / commercial / other) (Street)

Property Owner's Name: _____ **Phone Number:** _____

Property Owner's Address: _____
Street Address City State Zip

Complainant's Name If Different: _____ **Phone Number:** _____

Complainant's Address If Different: _____
Street Address City State Zip

Was a Pre-Blast Survey done on this property prior to the start of blasting? YES NO

DESCRIPTION OF ITEM OR AREA OF ALLEGED DAMAGE

_____

_____

_____

Note to Property Owner: when you have signed and dated this form, submit it to the local fire department for review and completion. Do not submit the Blasting Damage Complaint Form directly to the Office of the State Fire Marshal.

CERTIFICATION OF DAMAGE – *PLEASE READ* AND SIGN

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.

Signature of Property Owner: _____ **Date Signed**: _____

(to be completed by Fire Department)

BLASTING COMPANY AND FIRE DEPARTMENT INFORMATION

Date received by the head of the fire department _____

Name of Fire Department: _____ **Address of Blast**: _____

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:** _____

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: _____

_____

_____