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Saugus Fire Department

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Captain Scott Phelan
Fire Prevention
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Fire Prevention

Blasting Complaint Submission

The Town of Saugus is currently undergoing, and will continue to undergo, major land developments as new businesses and properties move into Town. These developments require blasting operations due to the area being made up of various rock shelves and deposits. Blasting is inherently a high-risk operation and is regulated tightly at the State level. The Saugus Fire Department permits such blasting under these State regulations and insists on a Blasting Watch Detail on scene during all pre-blast and blasting operations as a representative of the Community.

Any citizens of the Town of Saugus who feel that their property has been damaged by blasting operations should read and follow the procedure below to document and report this damage.

Procedure

- Collect all information regarding the complaint (see below for a breakdown)
- Fill out the Blasting Complaint Form (attached to this document)
- Print the complaint form and any supporting documentation, including pictures of the damage and other information that points to the damage being caused by blasting in the area
- Bring all documentation to the Saugus Fire Department Headquarters
 - o 27 Hamilton Street, Saugus, MA 01906
 - o A physical form can be provided to you at the Station, please bring the proper information to complete the form
- All complaints are processed and sent to the Office of the State Fire Marshall for investigation and decisions regarding the complaint

Information to Collect

- Address and contact information for the property in question
- Date and Time the damage occurred or was first noticed
- Short written description of the damage found
- Take pictures of any damage, with previous photos of undamaged areas if possible

If you have any questions involving this process, please call the Saugus Fire Department during normal business hours to be directed to the Saugus Fire member responsible for handling blasting questions and complaints.

“SMOKE DETECTORS SAVE LIVES”



Department of Fire Services
Commonwealth of Massachusetts

Blasting Regulatory Review Form (FP-296) *(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: _____

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: _____