



FP 296

*The Commonwealth of Massachusetts*  
*Executive Office of Public Safety & 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)

### 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

### DESCRIPTION OF ITEM OR AREA OF ALLEGED DAMAGE

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

### 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**

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: \_\_\_\_\_

*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: \_\_\_\_\_

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