



The Commonwealth of Massachusetts  
 Executive Office of Public Safety  
 Department of Fire Services

P.O. Box 1025 - State Road  
 Slow, 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: \_\_\_\_\_

Type of Structure: \_\_\_\_\_ Address of Structure: \_\_\_\_\_ (Town)

Property Owner's Name: \_\_\_\_\_ (Street)  
 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><b>DESCRIPTION OF ITEM OR AREA OF ALLEGED DAMAGE</b></p>     
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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: \_\_\_\_\_

Name of Fire Department: \_\_\_\_\_ Address of Blast: \_\_\_\_\_

No Fee to be filled out @ FPB (in person)

(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: \_\_\_\_\_

<b>REPORT OF FIRE DEPARTMENT INQUIRY AND VIOLATION(S) FOUND</b>

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_