



Merrimack Department of Fire Rescue

432 Daniel Webster Highway
Merrimack NH 03054
603-424-3690

Incident Report OFM-FRM-104



(Please type or print clearly)

A written accident/incident report within 24 hours of any Emergency or Non-Emergency incident, or if required by the Fire Chief, This form is required under town Ordinance § 102-33, Required Reports

1. Subject Property/Location of Blast

Address: _____ Tax Map/Lot Number: _____

Date of Report: _____ Date of Incident: _____ Time of Incident: _____

2. Property Owner

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

3. General Contractor

Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

NH State License No.: _____ Expiration Date: _____

4. Permittee Conducting Blasting Operation

Name: _____ Daytime Telephone (603) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cert of Competency No.: _____ Expiration Date: _____

The signature of person conducted the blasting operation: _____

5. Incident Reporting Section

The exact location of the accident/incident(s): _____

The weather conditions at the time of the accident/incident(s): _____

The name and address of any person(s) injured or killed (accident only);

1) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

2) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

3) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

4) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

Type and Amount of Explosive: _____

A description of the accident/incident(s) and total cost of repair:

The cause of the accident/incident(s), if known:

The names and addresses of any witnesses, if known:

1) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

2) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

3) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

4) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax Number: () _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date: _____