



## Merrimack Department of Fire Rescue

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

### Non-Compliant Blast Report

OFM-FRM-103



(Please type or print clearly)

If the results exceed the requirements outlined in § 102-19, or if required by the Fire Chief, the applicant shall provide at a minimum and in writing this report by the end of the day of a non-compliant event. This form is required under town Ordinance § 102-20, Report of Monitoring Results

#### 1. Subject Property/Location of Blast

Address: \_\_\_\_\_ Tax Map/Lot Number: \_\_\_\_\_

Date of Blast: \_\_\_\_\_ Time of Blast: \_\_\_\_\_

#### 2. Person Responsible for Blasting

Name: \_\_\_\_\_ Daytime Telephone (603) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cert of Competency No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### 3. Property Owner

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

#### 4. General Contractor

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

NH State License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### 5. Blasting Supervisor

Name: \_\_\_\_\_ Daytime Telephone (603) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cert of Competency No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## 6. Non-Compliance Blast Report

Total Amount of Explosive Detonated: \_\_\_\_\_

Total Amount of Explosive in each Hole: \_\_\_\_\_

Total Amount of Explosive Detonated: \_\_\_\_\_

Total Amount of Explosive In each hole: \_\_\_\_\_

Amount, type and delay time of initiators: \_\_\_\_\_

Maximum weight of explosives used in each delay period: \_\_\_\_\_

Diameter of each hole and the distance between the last loaded explosive and the surface of the hole: \_\_\_\_\_

Location and spacing of loaded holes: \_\_\_\_\_

Location and amount of each delay period: \_\_\_\_\_

Location of and distance from blast site to vibration recording instruments: \_\_\_\_\_

Diagram of how each hole is loaded to include stemming: \_\_\_\_\_

Results of the blast monitoring at each instrument location, including PPV in millimeters per second (inches per second), as well as a copy of the strip chart recording for each monitoring location, marked with the date, time, location of the equipment, and signature of the seismograph operator: \_\_\_\_\_

This report is to be submitted even if there is no trigger of the device.

### FOR OFFICIAL USE ONLY

Permit Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

Denial Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Fees Paid: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_