

Entity Name:	Effective Date:
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BLASTING OPERATIONS

1. Describe all blasting operations:

2. Number of blasts per year?

3. Done by the entity or a sub-contractor?

4. If a sub-contractor is used, are certificates of insured obtained?

Yes

No

5. Years of experience/certification:

6. Safety precautions used:

7. Site monitoring:

Yes

No

8. Describe transportation and storage of explosives: