

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:		