



GERARD A. DIO
Chief

CITY OF WORCESTER, MASSACHUSETTS 01610

FIRE PREVENTION DIVISION

25 MEADE STREET

(508) 799-1822

FAX: (508) 799-1900

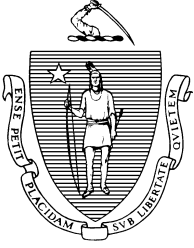
SAVE YOUR HOME
AND BUSINESS
PREVENT FIRES

BLASTING DAMAGE COMPLAINT FORM

The Blasting Damage Complaint Form shall be completed by the complainant with the description of item or area of alleged damage to their property.

Procedure:

1. The blasting damage complaint form (attached) is filed with the Worcester Fire Department by the aggrieved party within 30 days of alleged incident.
2. Worcester Fire Department forwards complaint to the State Fire Marshal's Office.
3. The State Fire Marshal's Office will follow-up with the investigation and will forward the results and form to the blaster's insurance company.



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

P.O. Box 1025 State Road
Stow, Massachusetts 01775
(978) 567 - 3100 Fax: (978) 567 - 3121



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: _____ Phone Number: _____ (Street)

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

DESCRIPTION OF ITEM OR AREA OF ALLEGED DAMAGE

(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: _____

(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: _____

REPORT OF FIRE DEPARTMENT INQUIRY AND VIOLATION(S) FOUND

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: _____
