

Chapter Comm 7

APPENDIX F NOTICE OF BLASTING IN A COMMUNITY

The following form (SBD-7336) is referred to in section Comm 7.35 (3). Copies of this form may be obtained at no charge from the Division of Safety and Buildings, PO Box 7969, Madison, Wisconsin 53707-7969.

Notice Of Blasting In Community

Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division
Mine Safety Section
201 E. Washington Ave
P.O. Box 7969
Madison, WI 53707
Phone: (608) 266-7529

Complete and send original to Safety & Buildings.
Send one copy to your local fire department.
Send one copy to your local law enforcement office.
Retain one copy for your files.

PRINT OR TYPE

Date Submitted		Community Name		County	
Prime Contractor Name			Blasting Contractor Name		
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Phone (include area code)			Phone (include area code)		
Fire Department Contractor Name			Name of Blaster in Charge on Job Site		
City		Phone	WI Blaster's License No		Class
Estimated Blasting Start Date			Estimated Blasting Finish Date		
Name and Address of Insurance Carrier Providing Blasting Coverage on this Job					
Type of Project			Location Where Explosive Used		
Estimated Distance To:		1 Nearest Inhabited Building		2 Nearest Public Highway	
			Type of Building:		
Typical Overburden Type			Estimated Depth of Overburden		
Type of Matting Used					
Typical Drilling Pattern			Typical Hole Diameter		Estimated Hole Depth
Proposed Delay System		Estimated Max lbs. per Delay	Estimated lbs. and Type of Explosives on Job Site at Given Time		

I will comply with Wis. Admin. Code Chapter ILHR 7. (Explosive Materials)

FAILURE TO ADHERE TO THE ADMIN. RULES MAY BE CAUSE FOR REVOCATION OF BLASTERS LICENSE

Blasters Signature _____ Date Signed _____
Or Authorized Representatives