



Notice of Blasting In Community

- Complete and send original to Industry Services.
- Send one copy to local fire department.
- Send one copy to local law enforcement office.
- Retain one copy for your files.

Dept of Safety & Professional Services
 Industry Services Division
 1400 E Washington Ave
 P.O. Box 7302
 Madison, WI 53707-7302
 Phone: (608) 266-7529
 TTY: Use relay

Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (l)(m)].

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 SPS 307, Explosive Materials. (Code available at DPS WebSite)

Blaster's Signature: _____
 or Authorized Representative

Date Signed: _____

Failure to Adhere to Administrative Rules May Cause for Revocation of Blaster's License