



## 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  
 4822 Madison Yards Way  
 P.O. Box 7302  
 Madison, WI 53707-7302  
 Phone: (608) 266-2112  
 Fax: (608) 283-7404

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: Type of Building:				2. Nearest Public Highway:
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: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 or Authorized Representative

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