



Department of Fire Services  
Commonwealth of Massachusetts

Blasting Regulatory Review Form (FP-296) *(to be completed by complainant or property owner and returned to the head of the fire department within 30 days of the alleged incident; please print clearly)*

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_  
(City / Town)

Type of Structure: \_\_\_\_\_ Address of Structure: \_\_\_\_\_  
(residential / commercial / other) (Street)

Property Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_  
Street Address City State Zip

Complainant's Name if Different: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complainant's Address if Different: \_\_\_\_\_  
Street Address City State Zip

Was a Pre-Blast Survey done on this property prior to the start of blasting? YES NO

DESCRIPTION OF ITEM OR AREA OF ALLEGED DAMAGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note to Property Owner: when you have signed and dated this form, submit it to the local fire department for review and completion. Do not submit the Blasting Damage Complaint Form directly to the Office of the State Fire Marshal.

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: \_\_\_\_\_

**Date received by the head of the fire department** \_\_\_\_\_

Name of Fire Department: \_\_\_\_\_ Address of Blast: \_\_\_\_\_

Name of Blasting Company Use and Handling [Permit to Blast] Issued to: \_\_\_\_\_

Blasting Company Phone Number: \_\_\_\_\_ Explosives User's Certificate Number: \_\_\_\_\_