

## Blasting Liability Insurance Individual Job Questionnaire

1. Contractor Name: \_\_\_\_\_
2. Contract Owner: \_\_\_\_\_
3. Contract Value of Blasting: \_\_\_\_\_
4. Estimated Rock Quantity: \_\_\_\_\_
5. Exact Location of Work: \_\_\_\_\_
6. Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_
7. Maximum Excavation Depth: \_\_\_\_\_
8. Purpose of Work necessitating blasting: \_\_\_\_\_
9. Type of Excavation: \_\_\_\_\_
10. Minimum distance from any blast to:
  - a) Buildings \_\_\_\_\_ ft      Specify Construction: \_\_\_\_\_  
Occupancy: \_\_\_\_\_  
Condition: \_\_\_\_\_
  - b) Railway Lines: \_\_\_\_\_ ft
  - c) Bridges: \_\_\_\_\_ ft
  - d) Hydro Lines: \_\_\_\_\_ ft
  - e) Underground Utilities (specify gas, etc.): \_\_\_\_\_ ft
  - f) Telephone Poles, Lines: \_\_\_\_\_ ft
  - g) Dams: \_\_\_\_\_ ft
  - h) Roads, Streets, others: \_\_\_\_\_ ft
  - i) Other exposures (specify Cable TV, etc.): \_\_\_\_\_ ft
11. Nature of Rock (Shale, Limestone, Granite, etc.): \_\_\_\_\_
12. Pattern & Depth of drill holes: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. \_\_\_\_\_ to \_\_\_\_\_ ft. d.
13. Type of Explosives to be used: \_\_\_\_\_
14. Max. lbs. of explosives: per hole: \_\_\_\_\_ per blast: \_\_\_\_\_ per delay: \_\_\_\_\_
15. Mill blasting mats to be used? YES ( ) NO ( )  
Other physical protection? Describe: \_\_\_\_\_
16. Will Seismograph be used? YES ( ) NO ( )

17. Blasting by Micro Delay Method? YES ( ) NO ( )
18. Will a blasting log be kept? YES ( ) NO ( )
19. Powderman: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
 Licensed? YES ( ) NO ( ) On your payroll? YES ( ) NO ( )
20. Has the blasting work been subcontracted? YES ( ) NO ( )  
 If YES, name: \_\_\_\_\_  
 Has the sub agreed to hold you harmless? YES ( ) NO ( )
21. Will the pre-blast inspection of buildings and structures be completed in the vicinity?  
 YES ( ) NO ( )
22. Will the owners be informed of the blasting? YES ( ) NO ( )
23. Will traffic be stopped at a safe distance? YES ( ) NO ( )
24. Will guards be posted during loading & firing? YES ( ) NO ( )
25. Will signs be posted? YES ( ) NO ( )
26. What is Contractor's practice relative to equipment shutdown during loading and firing of charge? \_\_\_\_\_
27. Describe Powder Storage Facilities: \_\_\_\_\_  
 Magazine License No: \_\_\_\_\_  
 Maximum amounts on site at one time: \_\_\_\_\_
28. Will caps and powder be stored in separate locations? YES ( ) NO ( )
29. Sketch or Plan showing locations: attached? YES ( ) NO ( )
30. Will an alarm or whistle be sounded before blasting? YES ( ) NO ( )
31. Do you intend to employ Supervisory Services of an independent organization?  
 YES ( ) NO ( ) If YES, describe: \_\_\_\_\_
32. Remarks: \_\_\_\_\_

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_