

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:** _____