

Blasting Permit # _____

Blasting Permit for the Mohave Construction Project

LOCATION OF BLASTING: (be specific): _____

DESCRIBE WORK: _____

PRE BLAST MEETING

Number of anticipated shots: _____

Type of explosive to be used: _____

Have adjoining properties been informed: Yes _____ No _____

Name of Person Managing the blast: _____

Copy of Blasting Plan on site: Yes _____ No _____

Blasting Plan reviewed by BOP Contractor: Yes _____ No _____

Signature (Blaster) (PA) _____ Date _____

Name (print) _____

Issuing Authority (IA) Signature _____

Name (Print) _____

BPWE Area Authority (AA) _____

POST BLAST CHECKLIST

Did all explosive detonate: Yes _____ No _____

Has the area been checked for undetonated explosive: Yes _____ No _____

Is the area safe for others to enter and work: Yes _____ No _____

[Permit Closure](#)