

# Monthly Explosives Use Report

**NOTE: COMPLETE ALL APPLICABLE ENTRIES ON FRONT AND REVERSE SIDE OF THIS FORM. THE COMPLETED FORM IS TO BE MAILED TO THE OFFICE OF SAFETY COMPLIANCE WITHIN 10 DAYS AFTER THE END OF THE MONTH FOR WHICH THE REPORT IS DUE.**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

MONTH AND YEAR OF REPORT	Explosives Lbs.	Detonator (Caps) No.	Gunpowder	Other
Beginning Actual Count Inventory First of Month				
Purchases During the Month				
Total (Item 1 plus Item 2)				
Blasting Summary				
Miscellaneous Adjustments				
Month Ending Inventory on Hand by Actual Count				
<b>Name of Supplier:</b>	<b>DATE</b>	<b>INV.#</b>		

**TOTAL NUMBER OF BLASTS - \_\_\_\_\_**

Comments:

**MAIL TO:**

**OFFICE OF PUBLIC SAFETY COMPLIANCE  
P.O. BOX 386  
TRENTON, NEW JERSEY 08625-0386  
PHONE: (609) 292-2096**

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(LICENSEE SIGNATURE)

