## **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. Phone No. \_\_\_\_\_ Street Address State \_\_\_\_ Detonator **Explosives** MONTH AND YEAR OF REPORT (Caps) Gunpowder Other Lbs. No. **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 Name of Supplier: DATE INV.# TOTAL NUMBER OF BLASTS - \_\_\_\_\_ Comments: MAIL TO: OFFICE OF PUBLIC SAFETY COMPLIANCE P.O. BOX 386 (LICENSEE SIGNATURE) TRENTON, NEW JERSEY 08625-0386 PHONE: (609) 292-2096

	ype of Shot	(Bank, Trench,	Etc.)																																					
			Long.																																					
	Seismic PPV and	dnenck	s. Vert.																																					
	Se d	Frec	Trans.	/:		7:		7:		7:		7:		- ',		-:/		-:/		7:		7:		/:		7:		7:		7:		7:		/:		.;		7:		
	-	. <u>e</u>		PPV:	HZ:	PPV:	HZ:	PPV:	:ZH	:VAd	HZ:	PPV:	HZ:	PPV:	HZ:	PPV:	HZ:	:Vdd	HZ:	PPV:	HZ:	:\dd	HZ:	PPV:	:ZH	PPV:	HZ:													
	Neares	Structure (Feet)	•																																					
	Max. Ibs.	Per Delay	,																																					
	Caps	or Det.																																						
	High	Explo. Lbs.																																						
	:	Permit #																																						
		Name of Blaster																																						
		Site Location																																						
		Time																																						
		Date																																						,
		Shots		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		SHOT		TOTALS