

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				

Name of Supplier:	DATE	INV.#				

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
 FAX: (609) 777-4589**

 (LICENSEE SIGNATURE)

