



Annual Construction Mining Inspection Report

I. MINE INFORMATION

Mine Name: _____ Permit Number: _____

Physical Location: _____

County: _____

Responsible Person: _____ Phone Number: _____

II. LICENSEE INFORMATION

Licensee: _____ License Number: _____

Physical Address: _____ Phone Number: _____

Blasting Firm: _____ Phone Number: _____

User of Explosives: _____ License Number: _____

Permitted Blaster: _____ Permit Number: _____

Permitted Blaster: _____ Permit Number: _____

Seismologist: _____ Firm Name: _____

Inspection Re-Inspection

Passed Failed

Inspector Signature: _____ Date: _____

Responsible Person Signature: _____ Date: _____

- When additional information is requested, please utilize the “Comments” section provided for you. Indicate the question number you are referencing.
- *Attach any necessary blasting records.*



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Has there been any blasting within the past year?
 Yes No
 (If yes, please complete the Inspection Report in its entirety)

CONDUCT OF BUSINESS		YES	NO	N/A
1.	Has the permittee or responsible person been positively identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are there any unreported changes to the original construction mining permit? If yes, attach description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are there any changes in seismologists, user of explosives or blasters? If yes, attach description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has there been any modifications to the construction mining area covered in the original permit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have there been any complaints received related to the mining activity covered by the permit? If yes, record number of complaints and attach correspondence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has all blasting activity been conducted between 8:00am-5:00pm, Monday through Friday; excluding holidays? If no, attach associated reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has the mine submitted written notification to the county and or municipality of the activity to be conducted at least 20 days prior to each blast as directed by Section 69A-2.024, F.A.C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	If a revision has been made to the scheduled blast, was the county and or municipality notified no less than one hour of the blast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has the seismograph been calibrated as directed by 69A-2.024? Record the date(s) of the calibration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal – Bureau of Fire Prevention

Annual Construction Mining Inspection Report Cont.

Determine if the permittee is in possession of current blasting records for each blast within the last year.

BLASTING ACTIVITY RECORDS	YES	NO
Verify that each blast report includes the following:		
• Date and time of blast	<input type="checkbox"/>	<input type="checkbox"/>
• Number of holes	<input type="checkbox"/>	<input type="checkbox"/>
• Depth of holes	<input type="checkbox"/>	<input type="checkbox"/>
• Number of wet holes and water depth	<input type="checkbox"/>	<input type="checkbox"/>
• Hole diameter	<input type="checkbox"/>	<input type="checkbox"/>
• Spacing Dimensions	<input type="checkbox"/>	<input type="checkbox"/>
• Amount of explosives	<input type="checkbox"/>	<input type="checkbox"/>
• Number of primers	<input type="checkbox"/>	<input type="checkbox"/>
• Type of caps	<input type="checkbox"/>	<input type="checkbox"/>
• Number of caps	<input type="checkbox"/>	<input type="checkbox"/>
• Stemming feet	<input type="checkbox"/>	<input type="checkbox"/>
• Maximum pounds	<input type="checkbox"/>	<input type="checkbox"/>
• Maximum hole delay	<input type="checkbox"/>	<input type="checkbox"/>
• Weather	<input type="checkbox"/>	<input type="checkbox"/>
• Wind direction	<input type="checkbox"/>	<input type="checkbox"/>
• Type and make of blasting machine	<input type="checkbox"/>	<input type="checkbox"/>
• Global positioning system direction and distance in feet to the nearest building	<input type="checkbox"/>	<input type="checkbox"/>
• Decking feet	<input type="checkbox"/>	<input type="checkbox"/>
• Location of each seismograph	<input type="checkbox"/>	<input type="checkbox"/>
• Peak particle velocity inches per second	<input type="checkbox"/>	<input type="checkbox"/>
• Sound decibels	<input type="checkbox"/>	<input type="checkbox"/>
• Name, address and License number of User of Explosives	<input type="checkbox"/>	<input type="checkbox"/>
• Name, address and Permit number of Blaster	<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes:
