



DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal – Bureau of Fire Prevention

Explosives Inspection Report

LICENSE INFORMATION

Firm Name: _____ Phone Number: _____

Business Address: _____ County: _____

Qualifying Individual: _____

Type/Class: License held License Number: _____

Responsible Person: _____ Phone Number: _____

Inspection Re-Inspection

Passed Failed

Inspector Signature: _____ Date: _____

Responsible Person Signature: _____ Date: _____

Any violation noted must be corrected immediately. A re-inspection will be conducted no later than the date designated below. Failure to comply may result in administrative action by the State Fire Marshal.

Correct by date: _____



Explosives Inspection Report

Magazine Information

Class Number: _____ Portable Permanent

List all license holders using this magazine: _____

Location of magazine: _____

I. BUSINESS INFORMATION		YES	NO	N/A
1.	Has the permittee or responsible person been positively identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the licensee notified the fire chief or other local authority for fire safety of the storage of explosives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the licensee confirming that purchasers possess a state license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. RECORDS AND INVENTORY		YES	NO	N/A
1.	Is the licensee maintaining all required records on the premises with a retention requirement of five years from the date of transaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the licensee taking an annual inventory and entering the results in the daily summary of magazine transactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the licensee maintaining required records of all acquisitions and disposition of explosive materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did the explosives on hand match the daily summary of magazine transactions? If there are discrepancies, verify thefts or losses were correctly reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the licensee conducting all activities and business in compliance with the type of license held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

When additional information is requested or there is a violation, utilize the "Comments" section provided for you. Indicate which section and question number you are referencing. If a violation is noted, specify which user is in violation (if necessary).



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Explosives Inspection Report-Magazine Information cont.

III. STORAGE		YES	NO	N/A
1.	Does the licensee possess only those materials authorized in the license description?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does magazine contain only permitted amount of explosives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are detonators properly stored and separated from other explosives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are explosives properly stacked, separated and rotated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Utilizing construction guidelines for each type of magazine, are they:			
•	Properly secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	Properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	Vent holes clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	Weather resistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	Exterior clear of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	Ground sloped for proper drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	Bullet resistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is the magazine in compliance with <i>American Table of Distance</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the area in or near the magazine free of evidence of smoking, spark-producing devices or firearms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are the magazine keys available only to the user or the designated blasters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is smokeless propellant properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is black powder properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are blasting agents properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are fire extinguishers in place and in compliance with applicable codes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are explosive carrying vehicles properly maintained in accordance with 69A-2.014?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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