U.S. FISH AND WILDLIFE SERVICE

EXPLOSIVES AND BLASTING SHOT RECORD

Blasting Operations

Name of person detonating explosives:_____

Signature:_____

Name of blaster-in-charge of explosives operation: _____

Signature: _____

Office in charge of explosives operation: _____

Manager or supervisor of office: _____

Signature: _____

Date of use of explosives: _____

Specific location of explosives operation:_____

Mission purpose of using explosives: (e.g., blasting beaver dam, tree felling, etc.)

_____

Type of explosives used: _____

Amount of explosives used: _____

Operation successful: ☐ yes ☐ no

Additional comments:

_____

_____

_____