



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY**

**State Fire Marshal**

560 Jefferson Boulevard, Warwick, RI 02886  
Telephone: (401) 889-5555 — Fax: (401) 889-5533

Colonel Ann C. Assumpico  
Director, Department of Public Safety  
Superintendent, Rhode Island State Police

John E. Chartier, EFO  
State Fire Marshal  
Division of the State Fire Marshal

**BLASTING COMPLAINT FORM**

(Please complete within 30 days of incident and send either by mail or fax as listed above)

Complainant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complainants Email Address: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_  
Street Address City State Zip

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Blasting Site: \_\_\_\_\_  
Street Address City State Zip, Or Proximate Address if not known

Name of Blasting Company or Business (If Known): \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF ALLEGING DAMAGE, PLEASE COMPLETE THE FOLLOWING:**

Type of Damage: \_\_\_\_\_

Location of Damaged Property: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_  
Street Address City State Zip

Was a Pre-Blast Survey done on this property prior to the start of blasting? YES / NO

Were you notified by the blasting company within 24 hours prior to the blasting? YES / NO

Do you have any before and after documentation, such as pictures or video? YES / NO

**CERTIFICATION OF DAMAGE – PLEASE READ AND SIGN**

*Pursuant to R.I.G.L 11-18-1, I declare under the pains and penalty of perjury that the statements and information provided herein are true as of the date of this complaint. I am aware that there are significant penalties for submitting false information including fines, civil penalties, and imprisonment.*

Signature of Property Owner: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Date received by the Division of State Fire Marshal: \_\_\_\_\_ Call Number: \_\_\_\_\_