



Elizabeth Tanner, Esq.  
Director  
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**Office of the State Fire Marshal  
State Fire Marshal**

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Timothy P. McLaughlin  
State Fire Marshal  
Office 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: \_\_\_\_\_

Complainant's 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: \_\_\_\_\_