FORM ITD 1008

Idaho Transportation Department

Blast Report, Blast No._____

Project Name: _____

Prime Contractor: _____

Project Number: _____

Project Manager: _____

Contract ID: _____

Station: _____ **To:** _____ **Blast Date & Time:** _____

Blasting Contractor: _____ **Blaster in Charge:** _____

Blasting Consultant: _____

Distance to nearest affected structure/appurtenance: _____

Production Holes
Number of holes
Hole depth (ft)
Hole diameter (in)
Hole burden (ft)
Hole spacing (ft)
Type of explosive
Total quantity of explosive (lbs)
Total estimated volume (yd^3)
Pounds of explosive per yd^3
Burden material composition
Burden material unit weight (pcf)
Total tons of burden material
Stemming depth (ft)
Sub-drill depth (ft)
Primer type
Primer weight (lbs)
Maximum number of delays
Maximum lbs. explosive/delay
Pre-split Holes
Number of holes
Hole depth (ft)
Hole diameter (in)
Hole spacing (ft)
Type of explosive
Pounds of explosive/linear foot
Stemming depth (ft)
Sub-drill depth (ft)

Highlight the parameters in this Blast Report that deviate from the Blast Plan.

On sheets 2 & 3 - Draft plan and profile views detailing production and pre-split pattern and spacing, loading diagram, hole angles, lift height, sub drill depth, delay sequence indicated numerically, free face(s) and trend of backslope.

Attached blast monitoring records including ground vibration (PPV) and air overpressure (noise) records, pre and post blast surveys. Identify video record with blast number time and date.

NOTES

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Plan View

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Profile View