



BLASTING ACTIVITIES REPORT
Miami-Dade Pilot Program

Instructions

This report must be completed by each person engaged in construction materials mining activity in Miami-Dade County for all blasts, by the first day and the 15th day of the month. This report must be electronically submitted through the Department of Financial Service’s Mine Activity Clearinghouse website, which is available at <https://mineactivityclearinghouse.myfloridacfo.gov>. In the event that the Mine Activity Clearinghouse is unavailable, this report must be submitted by email to mineactivityclearinghouse@myfloridacfo.com. This report must also be maintained in accordance with section 552.112, F.S.

Information provided on this report will not be reviewed by State Fire Marshal staff prior to publication on the clearinghouse website. PLEASE DO NOT REPORT ANY INFORMATION THAT IS TRADE SECRET OR CONFIDENTIAL WITHOUT PROPER REDACTIONS.

Name of Construction Mining Company: _____

Address: _____ City/State/Zip: _____

Phone: (_____) _____ E-mail address: _____

License No.: _____ Issue Date: _____ Expiration Date: _____

Name of Blaster/Blasting Firm: _____

Address: _____ City/State/Zip: _____

Phone: (_____) _____ E-mail address: _____

Permit No.: _____ Issue Date: _____ Expiration Date: _____

Details of Blast:

Seismologist of Record: _____

Date of Blast: _____ Time of Blast: _____ A.M. P.M.

Location of Blast (Global Positioning System Coordinates): _____

Property Owner or Lessee: _____

Property Address of Blast: _____ City/State/Zip: _____

Number of holes: _____ Depth: _____

Number of wet holes: _____ Water depth: _____

Diameter of each hole: _____ Spacing between holes: _____

Amount of explosives: _____ Number of primers: _____

Type of caps (i.e., electronic, electric or nonelectric): _____ Number of caps: _____

Stemming feet: _____ Maximum pounds delay: _____ Maximum hole delay: _____

Weather: _____ Wind direction: _____

Type and make of blasting machine: _____

Global positioning system direction and distance in feet to the nearest building: _____

Location of each seismograph: _____

Decking feet: _____ Peak particle velocity inches per second: _____ Sound decibels: _____

Name & Title of person completing this form (please print)

Date

Signature