

BLASTING & EXPLOSIVES SAFETY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Storage and Handling

- Yes No — Explosives are stored in approved, secure magazines
- Yes No — Access to explosives storage is restricted and logged
- Yes No — Proper signage and warning notices are posted
- Yes No — Handling procedures comply with regulatory standards

Transportation

- Yes No — Explosives are transported using authorized vehicles and routes
- Yes No — Transport manifests and permits are complete and accurate
- Yes No — Emergency response plans are in place during transport
- Yes No — Vehicles carrying explosives are properly marked and equipped

Blasting Area Preparation

- Yes No — Blast sites are cleared and secured from unauthorized personnel
- Yes No — Warning signals and barriers are established
- Yes No — Environmental and structural assessments have been conducted
- Yes No — Communication plans for blasting are in place and followed

Blast Execution

- Yes No — Detonation devices are tested and verified prior to use
- Yes No — Timing and sequence follow approved plans
- Yes No — Safety distances and exclusion zones are maintained
- Yes No — Post-blast inspections for misfires or hazards are completed

Safety Equipment and PPE

- Yes No — Personnel wear required protective equipment
- Yes No — Safety equipment is available and maintained
- Yes No — First aid and emergency response kits are accessible
- Yes No — Training on explosives safety is up to date

Recordkeeping and Compliance

- Yes No — Blast logs and incident reports are complete and accurate
- Yes No — Regulatory notifications and permits are current
- Yes No — Safety audits are conducted regularly
- Yes No — Compliance with all local and national regulations is maintained

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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