



INSPECTORATE DIVISION OF MINERALS COMMISSION
EXPLOSIVE REQUEST FORM/AUTHORISATION
FOR QUARRIES WITHOUT EXPLOSIVE MAGAZINES & SERVICE PROVIDERS

1. Name _____ of _____
Company:
2. Location/Site _____ of _____
Company:
3. Quarry _____ Permit
No.:
4. Name _____ of _____ Quarry
Manager:
5. Name _____ of _____ Company
Blastman:
6. Blasting Certificate of Competency No. of Company
Blastman:
7. Number of Holes to be
Blasted:
8. Hole Diameter (m): Avg. Hole Depth
(m):
9. Drill Pattern {Burden(m) X
Spacing(m)}:
- 10.No. of High Explosive/ Gel per
Hole:
11. Area (L x B) m² to be
blasted:
- 12.Expected Volume (m³) of
Material:
- 13.Expected Date of Blast:
- 14.Name of Explosives
Company/Supplier :

15. Blasting Certificate of Competency No. of Explosives/Supplier's Shot

Firer:

16. Quantity of Packaged

Explosive(s):

17. Type and Quantity of

Detonators:

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Signature of Quarry Manager

.....
Date

.....
Recommended Inspectorate Division's Officer

.....
Date

This Form should be submitted by the Quarries to the Inspectorate Division for Recommendation