



INSPECTORATE DIVISION OF THE MINERALS COMMISSION **EXPLOSIVES FORM "C"**

APPLICATION FOR PERMIT TO STORE EXPLOSIVES: (QUARRIES)

1. NAME OF APPLICANT

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.....

2. POSTAL ADDRESS

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.....

3. EXPLOSIVES REQUIRED FOR

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.....

4. STATE THE FOLLOWING DETAILS OF YOUR QUARRY AGREEMENT:

i) FILE No. (ii) REGISTRATION
No.

(iii) DATE OF COMMENCEMENT (iv) DATE OF EXPIRY
.....

5. SITE(S) OF THE BLASTING OPERATIONS

.....

6. STATE THE FOLLOWING PARTICULARS OF YOUR EXPLOSIVES MAGAZINE:

a) SITE b) PLAN No.

.....

c) DATE OF APPROVAL d) STORAGE CAPACITY

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7. STATE THE FOLLOWING PARTICULARS OF YOUR DETONATORS MAGAZINE:

a) SITE b) PLAN No.

.....

c) DATE OF APPROVAL d) STORAGE CAPACITY

.....

8. NAME AND ADDRESS OF EXPLOSIVES AND DETONATORS SELLING AGENT(S):

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.....
.....

9. NAME OF QUARRY MANAGER/FOREMAN, IF DIFFERENT FROM (1) ABOVE

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10. NAMES OF PERSONS EMPLOYED TO BE INCHARGE OF THE MAGAZINES:

NAME

BLASTING CERTIFICATE No. _____

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11. NAMES OF WATCHMEN EMPLOYED ON SURFACE MAGAZINES:

a) DAY: b) NIGHT:

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.....

I CERTIFY THAT THE ABOVE DETAILS SUBMITTED ARE CORRECT.

.....

.....
(SIGNATURE OF APPLICANT)

DATE

NOTE:
received.

1. A book must be kept for the each day entry of the amount of explosives and detonators issued and received.
2. Where the applicant is storing explosives in another person's magazine, a letter of approval from that person must be submitted with the application.
3. Any change in the management or discharge of the persons named in sections 9, 10 or 11 must be notified immediately to the Chief Inspector of Mines, Accra.