

Post Fireworks Display Checklist (FP-027B)

Post Display Search

527 CMR 1.00: 65.2.6.1 This form shall be completed by the competent operator following a fireworks display.* Date_____ Location of Display_____ Name of Competent Operator_____ CC #____ 1) Was the entire display area checked for unexploded shells? Yes ______ No _____ 2) Start time of search ______ Finish time of search _____ 3) Were any unexploded shells located? Yes No If shells were located, how were they disposed of? 4) Please indicate who you notified of your findings following the search______ 5) Comments _____ In accordance with 527 CMR 1.00: 65.2.6.1, I hereby acknowledge and attest that the information provided in this form is true and accurate. Signature ____ Print Name _____ Received by (Head of Fire Department or Designee) ______ Date _____

First Light Search

| Da | Date Location of Display | |
|-----|--|---------------------------------|
| Na | Name of Competent Operator | CC # |
| 1) | 1) Was the entire display area checked for unexploded shells? Yes | s No |
| 2) | 2) Start time of search Finish time of search | _ |
| 3) | 3) Were any unexploded shells located? Yes No | _ |
| | If shells were located, how were they disposed of? | |
| 4) | 4) Please indicate who you notified of your findings following the s | search |
| 5) | 5) Comments | |
| | In accordance with 527 CMR 1.00: 65.2.6.1, I hereby acknowledge of provided in this form is true and accurate. | and attest that the information |
| Sig | Signature Print Name | e |
| CC | CC # | |
| Re | Received by (Head of Fire Department or Designee) | Date |
| * ¢ | * Substitute competent operators shall be approved by the authorit | y having jurisdiction (AHI) |

Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775

FP-0278