



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 _____

CC # _____

Received by (Head of Fire Department or Designee) _____ Date _____

First Light Search

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 _____

CC # _____

Received by (Head of Fire Department or Designee) _____ Date _____

* Substitute competent operators shall be approved by the authority having jurisdiction (AHJ).