

REQUEST FORM FOR EXPLOSIVE TESTING

Name of requestor: _____ **Proposed date for testing:** _____

Phone number: _____ **Proposed time of testing:** _____
(note: testing performed only on date specified by Dr.Petr)

Email: _____

Name of project: _____

Names of all persons contributing to project:

1 _____	4 _____	7 _____
2 _____	5 _____	8 _____
3 _____	6 _____	9 _____

Names of all persons who will be present at test:

1 _____	4 _____	7 _____
2 _____	5 _____	8 _____
3 _____	6 _____	9 _____

Type of explosives to be used:

Amount of explosives

Number of tests: _____

Grams of explosive per test: _____

Total grams of explosives: _____

Total number of detonators: _____

Instrumentation needed:

Description of test:

(Include purpose and experimental setup. Attach any drawings or engineering reports available.)