

PRELIMINARY BLAST PLAN



QUOTE #:	DATE:
CUSTOMER JOB OR PO# OR ID#:	
CUSTOMER/OWNER:	
MOB FACILITY:	
WATER DEPTH:	LOCATION:

INFORMATION CHECKLIST (SEE ATTACHED IF MARKED YES)

SCHEMATICS	VESSEL TYPE	SUBSEA	ENVIRONMENTAL CONDITIONS
OPERATIONAL DETAILS	INTERNAL OBSTRUCTIONS	ROV	DIVER
MUD MATS	STRING MAKE UP	GROUT MAKE UP	REEF JACKET

PLANNING SHEET TARGET DATA

TARGET DATA	CHARGE TYPE	SIZE/WEIGHT	

EXPLOSIVE REQUIREMENTS

PRIMARY	BACKUP	TOTAL

SPECIAL NOTES/REQUIREMENTS

DEMEX PLANNER:	DEMEX REVIEWER:
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