

Coal Impacts: Blasting and Subsidence Log

Observer Name: _____

Organization / Group: _____

Date: _____

Time: _____

Location / Site Name: _____

GPS Coordinates (if available): _____

Weather Conditions: _____

1. Blasting Observations

Item	Observation / Notes
Type of Blasting	<input type="checkbox"/> Surface Mine <input type="checkbox"/> Underground / Longwall <input type="checkbox"/> Unknown
Blast Time	_____
Blast Duration	_____
Estimated Vibration Intensity	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Physical Effects Noted	<input type="checkbox"/> Windows Rattled <input type="checkbox"/> Cracks in Walls <input type="checkbox"/> Cracks in Ceiling <input type="checkbox"/> Items Displaced <input type="checkbox"/> Other: _____
Audible Effects	<input type="checkbox"/> Loud Boom <input type="checkbox"/> Tremor <input type="checkbox"/> Dust / Debris
Frequency	How often blasting occurs: _____
Photos / Videos	File names / reference: _____

2. Subsidence / Land Movement Observations

Item	Observation / Notes
Area Affected	Describe location and size: _____
Type of Subsidence	<input type="checkbox"/> Sagging <input type="checkbox"/> Cracks in Soil <input type="checkbox"/> Sinkholes <input type="checkbox"/> Tilted Structures <input type="checkbox"/> Other: _____
Structures / Property Impacted	<input type="checkbox"/> Homes <input type="checkbox"/> Roads <input type="checkbox"/> Bridges <input type="checkbox"/> Fences <input type="checkbox"/> Waterways <input type="checkbox"/> Other: _____

Cracks / Surface Damage Measure width / length: _____

Water Body Effects Streams / Ponds Drained Flooding Water Table Lowered
 Other: _____

Photographic Evidence File names / reference: _____

3. Health & Safety Observations

- Residents' reports of vibration or noise impact: _____
 - Reported injuries or property damage: _____
 - Any evacuation or safety concerns: _____
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4. Additional Notes

Signature / Observer: _____