

**Figure 3-3: Explosive Usage Form**

Team Number: Date: Team Leader: Work Areas & Grid Numbers: Project Name:			
Explosives Issued Signature of Team Leader:			
Item	Quantity	Lot Number	Checkers Initials
Explosives Expended Signature of Team Leader			
Item	Quantity	Lot Number	Checkers Initials
Explosives Returned Signature of SUXOS:			
Item	Quantity	Lot Number	Checkers Initials
The signatures in each section of this document indicate that the items listed in that section were in fact issued, expended, or returned to storage and that the quantities listed were verified through a physical count.			