

Medical Certification for safe explosives handling and/or use

Appendix D: Licensed Explosives Users in Washington State are individually responsible for monitoring their physical, mental or emotional condition as it affects handling and/or using explosives. Changes to the physical, mental or emotional condition of a licensee which could adversely affect their functional ability to safely handle and/or use explosives must be reported to the department.

Licenses will not be issued or renewed for the handling and/or use of explosives to any person whose physical, mental or emotional condition could adversely affect their functional ability to safely handle and/or use explosives until a licensed medical treatment provider has evaluated the physical, mental or emotional condition and found it to be:

- (1) adequately controlled through treatment; or
- (2) no longer present.

Responsibilities:

Applicants or Licensees who possess a Washington State Explosives License:

In case of uncertainty, Applicants/Licensees must seek a licensed medical treatment provider's assessment of their functional ability to safely handle and/or use explosives.

Applicants/Licensees:

- (1) Are personally responsible to refrain from handling or use of explosives if they become aware of physical, mental or emotional conditions which could adversely affect their functional ability to safely handle and/or use explosives.
- (2) In cases of uncertainty, licensees must seek a licensed medical treatment provider's assessment of their functional ability to safely handle and/or use explosives.
- (3) Must provide the licensed medical treatment provider with the most accurate information possible about their current state of physical, mental or emotional condition and the requirements of their work.

Licensed medical treatment providers must:

- (1) Perform an assessment based on the history provided, the job duties provided by the applicant/licensee and any observations of the person evaluated.
- (2) Provide their findings in a clear manner such as a letter or other similar statement which they sign and date and provide back to the applicant/licensee for filing.

NOTE: This appendix contains a sample format to assist licensed medical treatment providers in providing a concise assessment of the functional ability of a person to handle and/or use explosives safely.

The format is not mandatory. However, the department will not accept other medical information, histories, emails, only the signed assessment of the licensed medical treatment provider.

Should you have questions, please contact the Department:

(360)902-5563 or (360)902-5569

ExplosivesLicensing@lni.wa.gov

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Sample format for medical statement of underlying medical conditions for the safe handling and/or use of explosives (minimum requirements per WAC 296-52-23010(1))

(date)

Explosives Licensing
Attn: Applications
PO Box 44655
Olympia WA 98504-4655

Subject: Statement of functional ability to safely handle and/or use explosives for
_____(name of applicant/licensee)

I, _____(name of licensed medical treatment provider), have evaluated
_____(name of applicant/licensee) regarding the state of their underlying physical, mental or emotional conditions relevant to performing the following type of explosive handling and/or use/blasting:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Seismographic	<input type="checkbox"/> Underground
<input type="checkbox"/> Avalanche Control	<input type="checkbox"/> Transmission Systems	<input type="checkbox"/> Underwater
<input type="checkbox"/> Explosive Disposal	<input type="checkbox"/> Aerial	<input type="checkbox"/> Unlimited
<input type="checkbox"/> Forestry	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Industrial Ordnance	<input type="checkbox"/> Surface	

The (applicant/licensee) (*is / is not*) in my professional medical opinion functionally capable of performing this type of work without creating harm to themselves or others due to existing physical, mental or emotional conditions within the scope of work provided to me by
_____(name of applicant/licensee) on _____(date).

This examination and certification were performed on the date listed below:

(Date)

I can be reached at the following phone number if needed: _____
(Phone number)

Sincerely,

(Signature of licensed medical treatment provider)

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Licensed Medical Treatment Provider's Name and title (printed):	
State licensed and license number:	
License Medical Treatment Provider's Address	

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