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## **APPENDIX G – CONTRACTOR FORMS**

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# Daily Site Report

Fg t t kf kpvqy p'I cr 'O kkt { 'T gugt xc vkqp



CONTRACT NO. W9155N-0; -H0526	WORK ORDER NO. 34989.2; ; .001	DATE / TIME ON AND OFF SITE
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WEATHER/TEMPERATURE: \_\_\_\_\_ / \_\_\_\_\_ °F

WORK LOCATION: Tkeqej gv'Ctgc.'Ft. kf kpvqy p'I cr 'Military Reservation, Cppxknng.'RC

PERSONNEL/AFFILIATION (PRINT)	SIGNATURE

SUBCONTRACTOR:	TRADE/SERVICE:
_____ /	
_____ /	
_____ /	
_____ /	

**HEALTH AND SAFETY:**

Daily H&S Brief and Discussion  
     ▪ Prior to work and as needed.

UXO Safety Discussion  
     ▪ Prior to work and as needed.

Discussion Topics: \_\_\_\_\_

\_\_\_\_\_

Personnel Sign In   
  Review Applicable SOPs   
  Phone/Radio Check   
  Beach Issues   
  Tides   
  First Aid Kit   
  Fire Prevention Equipment   
  Issues / Injuries

**WORK AREA AND EQUIPMENT DOCUMENTATION (Inspection and Condition):**

- Vehicle Inspection     Survey Equipment Operable     Schonstedt QC Check     Conex Box Insp.     Housekeeping     Other Equipment Inspection / Compliance

Equipment Inspected: \_\_\_\_\_  Compliance

\_\_\_\_\_

PPE:     Level D ( \_\_\_\_\_ )    Modifications:

Comments: \_\_\_\_\_

**WORK COMPLETED:**

- |   |  |
|---|--|
| <input type="checkbox"/> Surveyor activities (List).                        | <input type="checkbox"/> Munitions Constituents Sampling.                  |
| <input type="checkbox"/> Mag and Dig activities (List grids).               | <input type="checkbox"/> UXO Technician Escort activities.                 |
| <input type="checkbox"/> DGM activities (List Grids).                       | <input type="checkbox"/> Equipment Transport (mob/demob to/from site-List) |
| <input type="checkbox"/> Reacquisition of DGM anomaly targets (List Grids). | <input type="checkbox"/> Equipment Maintenance                             |
| <input type="checkbox"/> Grid QC (List completed grids).                    | <input type="checkbox"/> Equipment Issues (List Below).                    |
| <input type="checkbox"/> Grid QA (CENAB-List completed grids).              | <input type="checkbox"/> _____   |

Comments: \_\_\_\_\_

**MATERIALS DELIVERED (Amount, Condition, and Purpose): None**

NONE.

**PROBLEMS/RESOLUTIONS:**

**TRACKING DATA:**

Total Number of DGM Grids (List Grids):

\_\_\_\_\_

Total Number of DGM Grids Reacquire (List Grids):

\_\_\_\_\_

Total Number of Mag & Dig Grids Cleared (List Grids):

\_\_\_\_\_

Total Number of Mag & Dig Grids QC (List Grids):

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b><u>FURTHER DISCUSSION (List Topic and Comment):</u></b>	
<b><u>PREPARED BY:</u></b>	<b><u>SIGNATURE:</u></b>



# Daily MEC Report

Date: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Delivery Order Number: \_\_\_\_\_

Location: ic chet rea t dia t ap i tar e er ati

Weather Conditions: \_\_\_\_\_

### I. Work Summary:

- a. Work Planned:
- b. Work Accomplished:
- c. Explanation of Discrepancy:
- d. Inspection Results:

### II. Instructions Received from Customer Representative(s):

### III. Safety Comments:

### IV. UXO Summary

#### a. UXO Destroyed:

Type	Qty	Disposition

#### b. Demolition Supplies Used:

Type	Qty	U/I	Disposition

#### c. Scrap Generation/Disposition:

V. Personnel/Equipment Utilization:

- a. Personnel Onsite (e.g., Environmental Engineer, 1<sup>st</sup> Aid Specialist, Heavy Equipment Operator, Helper, Project Manager, Magnetometer Operator, Senior UXO Specialist, Site Safety Officer, Quality Control Specialist, Surveyor, UXO Tech I, UXO Tech II, UXO Tech III, Unskilled Labor)

Description	Number of Personnel	Man-Hours	Weston/Subcontractor

- b. Equipment Utilization e.g., Backhoe, wheeled; Backhoe, tracked; Car (sedan); Pickup (1/2 ton); Pickup (3/4 t Radio, handheld; Sport utility Vehicle; EM-61; Schonstedt; Forrester; Digital camera Remote Firing Device (RFD))

Description	Number of Pieces	Hours

VI. Comments/Concerns:

VII. Signature(s)/Date

\_\_\_\_\_  
Project Manager

\_\_\_\_\_  
Senior UXO Supervisor

**PROJECT QUALITY CONTROL/QUALITY ASSURANCE QC/QA CHECKLIST**

WORK ORDER NO.: \_\_\_\_\_

CLIENT: \_\_\_\_\_

PROJECT TITLE/ DESCRIPTION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PROJECT DIRECTOR: \_\_\_\_\_

PROJECT MANAGER: \_\_\_\_\_

CHECKLIST COMPLETED BY: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_ FILE NO.: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

REVIEWER SIGNATURE AND DATE: \_\_\_\_\_

LEVEL OF QC/QA (Basic, normal or critical, as defined in Table 1 of Project QC/QA Plan Work Instruction):

Basic

Normal

Critical

**PROJECT ORGANIZATION AND RESPONSIBILITY** (Name, project role, and responsibility, including supervisory and management personnel and subconsultants):

**WESTON PROJECT TEAM:**

NAME	PROJECT ROLE/RESPONSIBILITY

**CLIENT PROJECT TEAM** (Name, project role, and responsibility, including other consultants and contractors working on the project):

NAME	PROJECT ROLE



PROJECT QUALITY CONTROL/QUALITY ASSURANCE QC/QA CHECKLIST (continued)

STATEMENT OF PROJECT PURPOSE AND OBJECTIVES: \_\_\_\_\_

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**WESTON SCOPE** (by project task): Complete attached Table A. List specific tasks (e.g., items in work breakdown structure).

**QC OBJECTIVES AND PROCEDURES:** Complete Table A. For each specific project task, identify the QC objectives (for examples, see Subsection 5.1.5 of Project QC/QA Plan) and QC procedures (for examples, see Subsection 5.1.6 of Project QC/QA Plan).

**DOCUMENTATION PROCEDURES** (e.g., procedures for documenting verbal instructions, meetings, telephone conversations, and calculations, such as completion of minutes, reports, letters, memoranda; distribution of documentation; filing requirements, etc.):

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**DOCUMENT CONTROL** (procedures for the preparation, review, approval, issuance, and revision of documents that prescribe activities, specify requirements, or establish design and deliverable documents):

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**QA AUDITS OF COMPLIANCE TO PROJECT QC/QA PLAN** (schedule, auditor, distribution of findings, identification of corrective action, etc.):

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**CORRECTIVE ACTION PROCEDURES** (corrective action, person responsible for implementing corrective action, schedule, and person responsible for evaluation of appropriate corrective action and follow-up to verify proper implementation):

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PROJECT QUALITY CONTROL/QUALITY ASSURANCE QC/QA CHECKLIST (continued)

TABLE A

SUMMARY OF QC OBJECTIVES/PROCEDURES BY PROJECT TASK

PROJECT TASK	QC OBJECTIVES*	TASK COMPONENTS	QC PROCEDURES*

\* Examples of QC objectives and procedures are summarized in Subsections 5.1.5 and 5.1.6 of Project QC/QA Work Instruction. Table B also contains some examples for typical tasks.



PROJECT QUALITY CONTROL/QUALITY ASSURANCE QC/QA CHECKLIST (continued)

TABLE B

EXAMPLE QC OBJECTIVES/PROCEDURES FOR PROJECT TASKS

PROJECT TASK	QC OBJECTIVES*	TYPICAL TASK COMPONENTS	QC PROCEDURES*
Completion of Sampling and Analysis Summary Report	Comply with Sampling and Analysis Plan (SAP) procedures	Review SAP to determine Scope of Work (number of samples, analytical methods and parameters, etc.) and QC criteria (types and numbers of QC samples, allowable ranges, etc.).	Compare Scope of Work elements in SAP to completed work elements to ensure all required items will have been completed. Document the comparison.  Compare results of laboratory QC samples to allowable criteria outlined in laboratory control charts or SAP. Document the comparison.
	Complete Summary Report as required by specifications and contract.	Review specifications and contract to determine requirements for Summary Report. Prepare table of contents.  Prepare draft and final reports using approved table of contents (incorporating comments as necessary).	Have peer or PM concur that elements required in a Summary Report are included in the table of contents. Document the concurrence.  Have peer or PM review reports. Document comments or concurrence.
Off-Site Disposal of Hazardous Wastes	Comply with specifications and contract.  Comply with applicable federal and state regulations.	Review specifications and contract to determine requirements for off-site disposal. Prepare summary of requirements. Review regulations to determine applicable requirements (e.g., manifests, placards, etc.). Prepare summary of requirements.  Contact RCRA Hotline for confirmation not clear on requirements.	Have peer or PM review summary of requirements, including regulations, to ensure concurrence. Document review.  Distribute approved summary of requirements to project team to ensure clear understanding.  Develop checklists for site personnel to ensure requirements are satisfied prior to transport.  When completed, distribute checklists, including filing system.

\* Examples of QC objectives and procedures are summarized in Subsections 5.1.5 and 5.1.6 of Project QC/QA Work Instruction.





# Quality Control/ Quality Assurance Checklist

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Work Order #: \_\_\_\_\_

Contract #: \_\_\_\_\_ Location: \_\_\_\_\_

Level of QC/QA: Basic \_\_\_\_\_ Normal \_\_\_\_\_ Critical \_\_\_\_\_

Instructions from Clients:

Quality Controlled Items

Requirement	Feature	Identifier	Grid # (If applicable)	Pass/Fail	Comments

IV. Signatures: I acknowledge that I have been briefed on the results of this inspection and will take corrective actions (if necessary).

\_\_\_\_\_  
Site QC Specialist Officer

\_\_\_\_\_  
Sr. UXO Supervisor/Project Manager

Examples of Requirement, Feature, and Identifier combinations to be used in the above grid:

Requirement	Feature	Identifier
Brush Removal	Brush removal	Grid #
DGM	Data analysis	Grid #
DGM	Data collection	Grid #
DGM	Equipment check	EM01
DGM	Equipment check	EM01 HH
DGM	Equipment check	EM01 MKII
DGM	Equipment check	G858
Explosives	Receipt	Receipt

Requirement	Feature	Identifier
Explosives	Storage	Storage
Explosives	Transportation	Transportation
Explosives	Use	Use
MEC removal	Subsurface	Grid #
MEC removal	Surface	Grid #
Survey	Boundary	Boundary
Survey	Grid	Grid #
Survey	Reacquisition	Grid #



# Safety Inspection Log

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Work Order #: \_\_\_\_\_

Contract #: W9133L-09-F-0304 Location: Ricochet Area, Fort Indiantown Gap Military Reservation

Weather Conditions: \_\_\_\_\_

Type of Inspection: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Special \_\_\_\_\_ Reinspection \_\_\_\_\_

Location Inspection: (List by grid \_\_\_\_\_  
Number, coordinates, or description)

Activity: \_\_\_\_\_

II. Inspection Requirement	Satisfactory	Unsatisfactory	N/A
Surface Sweep			
Subsurface Sweep			
Evacuation Technique			
Personal Protection Equipment			
Work Practices			
Site Control			
First Aid Equipment			
Fire Fighting Equipment			
Explosives Transportation			
Explosives Storage			
Disposal Operations			

Overall Inspection Results: Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

III. Comment \_\_\_\_\_

Work stopped due to safety violation: Yes \_\_\_\_\_ No \_\_\_\_\_

Safety violations noted: \_\_\_\_\_

Corrective Measures: \_\_\_\_\_

Reinspection required: Yes \_\_\_\_\_ No \_\_\_\_\_

IV. Signatures: I acknowledge that I have been briefed on the results of this inspection and will take corrective actions (if necessary).

\_\_\_\_\_  
Site Safety Officer

\_\_\_\_\_  
r UXO Supervisor/Project Manager



# Safety Meeting Attendance Log

Date:		Time:		Contract Number:	W9133L-09-F-0304
Delivery Order Number:		Location:	Ricochet Area, Fort Indiantown Gap Military Reservation		
Weather Conditions:					
I. Safety Meeting Topic (Briefly describe):	<hr/> <hr/> <hr/>				
II. Attendees:					
Name (Print)	Signature		Company		

Name (Print)	Signature	Company

III. Verification:  
I certify that the personnel listed on this roster received the briefing described above. Site personnel not attending this meeting will be briefed before beginning their assigned duties.

\_\_\_\_\_  
Site Safety Officer

\_\_\_\_\_  
Date



# Site Visitors Log

Contract No. <u>W9133L-09-F-0304</u>		Delivery Order No. _____		Location: <u>Ricochet Area, Ft. Indiantown Gap Military Res.</u>			
Date	Name	Company	Telephone Number	Safety Briefing Received	Time		Escort Required
					In	Out	



# Custody Document

Document Number: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that the items listed below have been transferred to the United States Army.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Item

Quantity/Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

The United States Army accepts all responsibility and liability for the above listed items. All items are received in an as is condition with no guarantees provided or implied.

Remarks/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Acknowledgement of Receipt/Transfer

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Schonstedt Daily Check Out and Return Procedure

Month \_\_\_\_\_ Work Site \_\_\_\_\_

Serial No. \_\_\_\_\_ Project No. \_\_\_\_\_

Signature of Operator	Comments	Date	CHECK OUT PROCEDURE															
			Check case for damage; open case	Check instrument for damage	Open battery compartment	Install batteries	Audio switch in "A" position	Power up; adjust sensitivity control	Set volume control	Verify digital display	Report to test grid	Test grid result; Pass/Fail	Clean instrument	Open battery compartment	Remove and store batteries	Close battery compartment	Return instrument to storage area	Return case to storage area
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		2																
		3																
		4																
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		30																
		31																

# Heavy Equipment Inspection Log



Month \_\_\_\_\_ Work Site \_\_\_\_\_

Serial No. \_\_\_\_\_ Project No. \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of Operator	Comments	Date	Brakes	Track Condition	First Aid Kit	Oil Level	Water Level	Hydraulic Level	Horn	Back-up Alarm	Exhaust System	Windshield Wipers	Mirrors	Glass/Cab	Fuel Tank/Piping								
		1																					
		2																					
		3																					
		4																					
		5																					
		6																					
		7																					
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		31																					



# Grid Sweep Log

Project Name/Location: Ft. Indianto ap/Ricochet Area

Work Order No.: 12767.099.001

Grid No.: \_\_\_\_\_ Size \_\_\_\_\_ X \_\_\_\_\_

Insert  
Magnetic  
North  
Direction

Team No.: \_\_\_\_\_

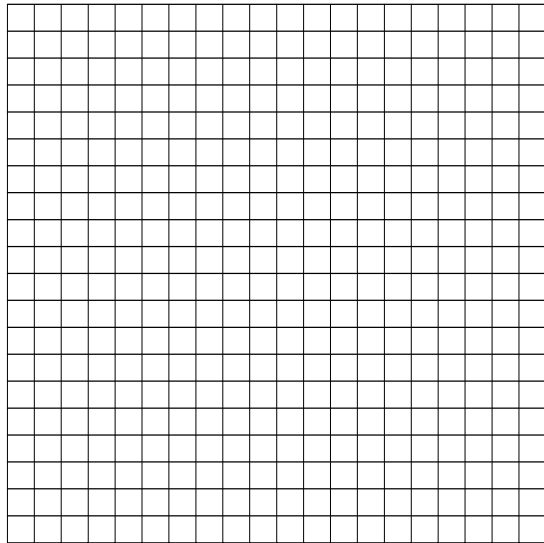
Date Started: \_\_\_\_\_

UXO Supervisor: \_\_\_\_\_

Date Completed: \_\_\_\_\_

UXO Supervisor \_\_\_\_\_

Total Anomalies	Total Excavations	Anomalies > _____ ft.	Total UXO	Pounds MEC Scrap	Pounds Non-MEC Scrap



UXO	NOMENCLATURE	DEPTH

REFERENCE PT. EACH INCREMENT LINE EQUALS \_\_\_\_\_ X \_\_\_\_\_ FT.

ACTION:	DATE	SIGNATURE
Mag Sweep Complete		
Excavation Complete		
Quality Control Complete		
Client Quality Assurance Complete		

REMARKS:



Weston Solutions, Inc

Demolition Material Accountability Form

1. Project Name: \_\_\_\_\_ 2. Project Location: \_\_\_\_\_ 3. Deltek No. \_\_\_\_\_  
4. Explosive Description: \_\_\_\_\_ 5. Marks and Identification: \_\_\_\_\_  
6. Manufacturer \_\_\_\_\_ 7. Storage Location: \_\_\_\_\_

8. Date Received	9. Quantity In	10. Unit of Issue	11. Quantity Out	12. Balance	13. Date Expended	14. Printed Name and Initials

## Demolition Material Accountability Form -- Instructions

1. Project Name - Name assigned project. (For example: Tobyhanna Artillery Ranges).
2. Geographical location. (For example: Tobyhanna, PA).
3. Project Number - Assigned by Weston Corporate office.
4. Explosives Description - Item name (For example: blasting caps, boosters, and detonating cord).
5. Marks and Identification - Identification as specified by the Manufacturer; Lot number for U.S. military explosives.
6. Manufacturer - manufacturer of item and country of origin (For example: Atlas Powder, USA; Govt).
7. Storage Location - Proper name of storage magazine (For example: Igloo J180; Bldg. #18; USACE Bunker #1; Mag 2).
8. Date Received - Date that the transaction occurs.
9. Quantity In - Quantity gained by the transaction; if no quantity is lost, mark column with -0-.
10. Unit of Issue - Unit of measure (For example: each, case, foot).
11. Quantity Out - Quantity lost by the transaction; if no quantity is gained, mark column with -0-.
12. Balance - Running balance of quantity on hand after the transaction.
13. Printed Name and Initials - Name and initials of individual performing the transaction (Print clearly).

### Additional Instructions:

1. All data entered on Demolition Material Accountability Form should be entered in ink.
2. Lines not used on Demolition Material Accountability Form should be marked through with a line and marked "not used."
3. When a mistake is written on Demolition Material Accountability Form, DO NOT ERASE OR WHITE OUT— mark through data with single line, initial change, and make correct entry on new line.



Weston Solutions, Inc.

**Magazine Data Card**

1. Project Name, Location:		Project Number:		3. Explosive Manufacturer		4. Marks of Identification:	
5. Storage Location:		6. Explosive Description:					
7. Date	8. Action/Purpose	9. Qty In	10. Qty Out	11. Balance	12. Printed Name	13. Signature	

## Magazine Data Card Instructions

1. Project Name, Location - Name assigned project and geographical location. (For example: TOAR Artillery Ranges, Pennsylvania)
2. Project Number - Assigned by Weston Corporate office
3. Explosive Manufacturer - Manufacturer of item and country of origin (For example: Atlas Powder, USA; Govt)
4. Marks and Identification - Identification as specified by the Manufacturer; Lot number for US military explosives
5. Storage Location - Proper name of storage magazine (For example: Igloo J180; Bldg. #18; COE Bunker #1; Mag 2)
6. Explosives Description - Item name (For example: blasting caps, boosters, and detonating cord)
7. Date - Date the transaction occurs.
8. Action/Purpose - Purpose for transaction. (For example: initial receipt, inventory, demolition use, return to inventory, transfer, and previous balance.)
9. Quantity In - Quantity gained by the transaction; if no quantity is lost, mark column with -0-.
10. Quantity Out - Quantity lost by the transaction; if no quantity is gained, mark column with -0-.
11. Balance - Running balance of quantity on hand after the transaction.
12. Printed Name and Initials - Name of the individual performing the transaction (Print clearly).
13. Signature - Signature of the individual performing the transaction.

### Additional Instruction:

1. All data entered on Magazine Data Card Form should be entered in ink.
2. Lines not used on Magazine Data Card Form should be marked through with a line and marked "not used".
3. When a mistake is written on Magazine Data Card Form, DO NOT ERASE OR WHITE OUT--- mark through data with single line, initial change, and make correct entry on new line.



## *Daily Notes*

<i>Project</i>	<i>Date</i>	
<i>Days Weather</i>		
<i>Daily Notes</i>		
	<i>Daily EM Acreage</i>	<i>Total EM Acreage</i>

*Monday, April 02, 2007*





# GEOPHYSICS DAILY G-858 Magnetometer Checklist

Date:	Team ID:	Team Members:
Weather:		

Approx Survey Area:

Warm-up Instruments                      Sensor Offset from GPS =

Sensor Offset Distance (between 2 Sensors) =

QC Filename: Dataset1 (Always put all QC in Dataset 1)

### ***Quality Control Tests AM***

- Static Test (3 min.) Line Number:
- Spike Test (3 min) Line Number:
- Cable Shake (1 min) Line Number:
- Latency Loop    Line Number:
- Repeat Lines Collected (PUT GRID ID's with line #)

### ***Quality Control Tests PM***

- Static Test (3 min.) Line Number:
- Spike Test (3 min) Line Number:
- Cable Shake (1 min) Line Number:
- Latency Loop    Line Number:

Survey Filename(s):	Operator(s):	Line Numbers:

Survey Notes:

File Processing - Microsoft Internet Explorer

Address: http://apps2.westonproject.net/UXOFast/Geophysics/Edit/FileProcessing.aspx

Home MEC Geophysics GIS

RespondFast - UXO > Geophysics > Survey File Processing

**Find Survey File**

\*\*Select Survey Date

\*\*Select Survey File

**Associated Files**

XYZ File name

Geosoft Database Name

**Processing Information**

Pre-Processing Date

Pre-Processed By

Pre-Processing Completion Date

Processing Date

Processed By

Processing Completion Date

Processing Notes

**Processing Parameters**

Drift Correction Performed

Drift Correction Min

Drift Correction Max

Drift Window

Drift Correction Method

Diurnal Correction Performed

Latency AM  sec

Latency PM  sec

**Statistics and Data Evaluation**

Velocity  mph <= 2.5

Mean Sample Separation  feet <= 0.5

Channel Analyzed

Background Signal Mean

Background Signal Std Dev

QC Performed

**Survey QC**

	Date	By
Internal QC	<input type="text"/>	<input type="text"/>
Geophysicist QC	<input type="text"/>	<input type="text"/>

Example WESTON's UXOFast Processing and QC Form

Survey Information - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://apps2.westonproject.net/UXOFast/Geophysics/Edit/GeoSurvey.aspx

Home MEC Geophysics GIS

RespondFast - UXO > Geophysics > Survey Information

Project Site:

Select Survey:

Survey Date:

Start Time:

End Time:

Geo Equipment:

Survey Method:

Weather Conditions:

Air Temperature:

Areas Surveyed

Internal QC By:

Internal QC Date:

Weston QC By:

Weston QC Date:

QC Comments

Survey Notes

Geo Equipment Notes

QC Data Filename:

Survey Data Filename:

Survey File Type:

Save Update

Done Internet

Example of WESTON's UXOFast Survey Information Form

