

APPENDIX D

FORMS

STATION:
REPLICATE:

PROJECT: _____

Field Log by:	Processing by:	Coring by:
Tide Level from MLLW:	Date:	Total Drive Length:
Depth to Mudline:	Time:	Recovered Length:
Mudline Elev.:		Recovery Efficiency:

Note: All elevations, depths, and distances in feet.

Core Description - Core Tube Lengths

In-Situ Summary Log

Tube Length	Sample No.	Visual Description	Photo Number	Interpreted Summary	Sample No.	Acquisition Notes
_1				_1		
_2				_2		
_3				_3		
_4				_4		
_5				_5		
_6				_6		
_7				_7		
_8				_8		
_9				_9		
_10				_10		
_11				_11		
_12				_12		
_13				_13		
_14				_14		
_15				_15		
_16				_16		
_17				_17		
_18				_18		

Core Tube Field Cut Information

Sample No.	Tube Length Interval	Segment Length

Sample Test Information

Sample No./Tests	In-Situ Depth Int.

Notes:

	FIELD CHANGE REQUEST	Project Number:
Project Number: Project Name:		Field Change No. Page _____ to
<p>CHANGE REQUEST Applicable Reference: Description of Change:</p> <p>Reason for Change:</p> <p>Impact on Present and Completed Work:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p style="text-align: center;">(Field Scientist)</p> <p style="text-align: center;">(Field Task Leader)</p> </div> <div style="width: 35%; text-align: right;"> <p>Requested by: Date: ____/____/</p> <p>Acknowledged by: Date: ____/____/</p> </div> </div>		
<p style="text-align: center;">FIELD OPERATIONS MANAGER RECOMMENDATION</p> <p>Recommended Disposition:</p> <div style="display: flex; justify-content: flex-end; margin-top: 20px;"> <p>Recommendation by: Date: ____/____/</p> </div> <p style="text-align: center;">(Sampling and Analysis Coordinator)</p>		
<p style="text-align: center;">PROJECT MANAGER APPROVAL</p> <p>Final Deposition:</p> <div style="display: flex; justify-content: flex-end; margin-top: 20px;"> <p>Approved/Disapproved by: Date: ____/____/</p> </div> <p style="text-align: center;">(CERCLA Coordinator)</p>		

CORRECTIVE ACTION RECORD

Page ___ of

Audit Report No. : _____ Date:

Report Originator:

Person Responsible for Response:

DESCRIPTION OF PROBLEM:

Date and Time Problem Recognized: _____ By:

Date of Actual Occurrence: _____ By:

Analyte: _____ Analytical Method:

Cause of Problem:

CORRECTIVE ACTION PLANNED:

Person Responsible for Corrective Action:

Date of Corrective Action:

Corrective Action Plan Approval: _____ Date:

DESCRIPTION OF FOLLOW-UP ACTIVITIES:

Person Responsible for Follow-up Activities:

Date of Follow-up Activity:

Final Corrective Action Approval: _____ Date:



SURFACE SEDIMENT/SOIL COLLECTION FORM

Project Name: _____		Project No. _____		Page: _____	
Date: _____		Crew: _____			
Weather: _____					
Sampling Method: _____					
Time: _____		Station: _____		Replicate: _____	
Acceptable grab: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Bottom Depth: _____		Penetration Depth: _____		RPD Depth: _____	
Analyses before homogenization:		<input type="checkbox"/> VOC		<input type="checkbox"/> Sulfides	
		<input type="checkbox"/> Other			
Sample ID: _____					
Type: <input type="checkbox"/> cobble <input type="checkbox"/> gravel <input type="checkbox"/> sand C M F <input type="checkbox"/> silt clay <input type="checkbox"/> organic matter <input type="checkbox"/> wood/shell fragments					
Color: <input type="checkbox"/> drab olive <input type="checkbox"/> gray <input type="checkbox"/> black <input type="checkbox"/> brown <input type="checkbox"/> brown surface					
Odor: <input type="checkbox"/> none <input type="checkbox"/> slight <input type="checkbox"/> moderate <input type="checkbox"/> strong <input type="checkbox"/> sulfidic <input type="checkbox"/> petroleum <input type="checkbox"/> other					
Comments: _____					
Time: _____		Station: _____		Replicate: _____	
Acceptable grab: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Bottom Depth: _____		Penetration Depth: _____		RPD Depth: _____	
Analyses before homogenization:		<input type="checkbox"/> VOC		<input type="checkbox"/> Sulfides	
		<input type="checkbox"/> Other			
Sample ID: _____					
Type: <input type="checkbox"/> cobble <input type="checkbox"/> gravel <input type="checkbox"/> sand C M F <input type="checkbox"/> silt clay <input type="checkbox"/> organic matter <input type="checkbox"/> wood/shell fragments					
Color: <input type="checkbox"/> drab olive <input type="checkbox"/> gray <input type="checkbox"/> black <input type="checkbox"/> brown <input type="checkbox"/> brown surface					
Odor: <input type="checkbox"/> none <input type="checkbox"/> slight <input type="checkbox"/> moderate <input type="checkbox"/> strong <input type="checkbox"/> sulfidic <input type="checkbox"/> petroleum <input type="checkbox"/> other					
Comments: _____					
Time: _____		Station: _____		Replicate: _____	
Acceptable grab: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Bottom Depth: _____		Penetration Depth: _____		RPD Depth: _____	
Analyses before homogenization:		<input type="checkbox"/> VOC		<input type="checkbox"/> Sulfides	
		<input type="checkbox"/> Other			
Sample ID: _____					
Type: <input type="checkbox"/> cobble <input type="checkbox"/> gravel <input type="checkbox"/> sand C M F <input type="checkbox"/> silt clay <input type="checkbox"/> organic matter <input type="checkbox"/> wood/shell fragments					
Color: <input type="checkbox"/> drab olive <input type="checkbox"/> gray <input type="checkbox"/> black <input type="checkbox"/> brown <input type="checkbox"/> brown surface					
Odor: <input type="checkbox"/> none <input type="checkbox"/> slight <input type="checkbox"/> moderate <input type="checkbox"/> strong <input type="checkbox"/> sulfidic <input type="checkbox"/> petroleum <input type="checkbox"/> other					
Comments: _____					
Time: _____		Station: _____		Replicate: _____	
Acceptable grab: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Bottom Depth: _____		Penetration Depth: _____		RPD Depth: _____	
Analyses before homogenization:		<input type="checkbox"/> VOC		<input type="checkbox"/> Sulfides	
		<input type="checkbox"/> Other			
Sample ID: _____					
Type: <input type="checkbox"/> cobble <input type="checkbox"/> gravel <input type="checkbox"/> sand C M F <input type="checkbox"/> silt clay <input type="checkbox"/> organic matter <input type="checkbox"/> wood/shell fragments					
Color: <input type="checkbox"/> drab olive <input type="checkbox"/> gray <input type="checkbox"/> black <input type="checkbox"/> brown <input type="checkbox"/> brown surface					
Odor: <input type="checkbox"/> none <input type="checkbox"/> slight <input type="checkbox"/> moderate <input type="checkbox"/> strong <input type="checkbox"/> sulfidic <input type="checkbox"/> petroleum <input type="checkbox"/> other					
Comments: _____					

WATER SAMPLE COLLECTION FORM

Station ID _____

Project Name: _____

Sample No. _____

Project Number: _____

Date _____

Collector: _____

Field Parameters

pH	Temperature	Conductivity	Turbidity	Comments
_____	_____	_____	_____	_____

Sampling Device

Filter: None

Sample Containers

Collection Time _____

Tag No.	Container Type	Preservative	Analytical Method	QA Remarks

Comments

Sample Location Sketch

Samplers' Signature _____

Date _____