

Site Safety Record for GEOPROBE Sampling Sites

(File 1 copy in GEOPROBE vehicle during site investigation;
File 1 copy with Illinois Water Science Center Safety Officer)

Date: _____

Operator: _____ (print)

Operator: _____ (signature)

Initial Vehicle Inspection Completed: _____ Y / N

Site Name/Address:

City: _____ State: _____

On-Site Phone No. _____

Emergency Phone No. _____

Hospital Name: _____

Hospital Phone No. _____

Hospital Location: _____

Utility Representative Contacted: JULIE _____

Underground Utility Protection Service Phone No.: 1-800-892-0123 _____

Underground Utility Protection Service Order/Request Number: _____

Dates in transit: _____

Dates on-site: _____