

*Appendix F*  
*Contractor Forms*

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**Form E-1**

**MUNITIONS RESPONSE SITE HABITAT CHECKLIST**

Notify Shaw Field Biologist, before proceeding if work boundaries change, additional vegetation removal is necessary, vegetation cutting methods change or any other conditions change after this date

OE SITE:	Date:
Location: Multi-Range/BLM	

1. LAND USE:	<input type="checkbox"/> Habitat Reserve	<input type="checkbox"/> Development Area	<input type="checkbox"/> Other (specify)
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2. LAND OWNER:	<input checked="" type="checkbox"/> Army	<input checked="" type="checkbox"/> BLM	<input type="checkbox"/> Other:
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3. ENDANGERED SPECIES:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Flagged/Marked
HMP Listed Species:			
Location:			
Grid Numbers:			
Restrictions:			

4. VERNAL POOLS/PONDS PRESENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Flagged/Marked
Location:			
Grid Numbers:			
Work Can Proceed in Pools/Ponds:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Restrictions:			

5. VEGETATION REMOVAL	
<input type="checkbox"/> No Removal Needed	Location:
<input type="checkbox"/> Manual Removal Needed	Location:
Manual Removal Restrictions:	
<input type="checkbox"/> Mechanical Removal Needed	Location:
Mechanical Removal Restrictions:	

6. EROSION CONCERNS/SITE RESTORATION:
Reduce any unnecessary soil and ground disturbance as much as possible, particularly on steep roads or
Site Erosion Control will be implemented as needed before the rainy season.

7. SITE ACCESS:
Use existing roads for general site access.

8. ADDITIONAL SITE CONCERNS:
Follow black legless lizard protocol for all encounters.

This checklist has been read, approved and signed by the following:

<input type="checkbox"/> Shaw's Field Biologist: _____	Date: _____
<input type="checkbox"/> Shaw's Field Operations manager: _____	Date: _____
<input type="checkbox"/> DENR Resource Specialist: _____	Date: _____



**FORM G-1**  
**Sensor QC Verification Log**  
**EM61-MK2 or G858 Data**

Area: \_\_\_\_\_  
 Dataset: \_\_\_\_\_  
 Sensor: \_\_\_\_\_

Location i.d.: \_\_\_\_\_  
 Survey Date: \_\_\_\_\_

QC Check by: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Static Test**

		Pre Survey					Post Survey					Metric
		CH 1	CH 2	CH3	CH4	G858	CH 1	CH 2	CH3	CH4	G858	
File Name		.gdb					.gdb					
Line #:												
Min:												
Max:												
Mean:												TBD
Std:												TBD

		Pre Survey					Post Survey					Metric
		CH 1	CH 2	CH3	CH4	G858	CH 1	CH 2	CH3	CH4	G858	
File Name		.gdb					.gdb					
Line #:												
Min:												
Max:												
Mean:												TBD
Std:												TBD

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

**Static Spike Test**

		Pre Survey					Post Survey					Metric
		CH 1	CH 2	CH3	CH4	G858	CH 1	CH 2	CH3	CH4	G858	
File Name		.gdb					.gdb					
Line #:												
Min:												
Max:												
Mean:												TBD
Std:												TBD

		Pre Survey					Post Survey					Metric
		CH 1	CH 2	CH3	CH4	G858	CH 1	CH 2	CH3	CH4	G858	
File Name		.gdb					.gdb					
Line #:												
Min:												
Max:												
Mean:												TBD
Std:												TBD

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

**Cable Shake Test**

		Pre Survey					Post Survey					Metric
		CH 1	CH 2	CH3	CH4	G858	CH 1	CH 2	CH3	CH4	G858	
File Name		.gdb					.gdb					
Line #:												
Min:												
Max:												
Mean:												TBD
Std:												TBD

		Pre Survey				Post Survey				Metric
		CH 1	CH 2	CH3	CH4	CH 1	CH 2	CH3	CH4	
File Name		.gdb				.gdb				
Line #:										
Min:										
Max:										
Mean:										TBD
Std:										TBD

Comments: \_\_\_\_\_  
 Performance metrics to be determined, in consultation with USACE.



Form G-2  
Navigation QC Function Log

QC Check: \_\_\_\_\_  
Date: \_\_\_\_\_

Area: \_\_\_\_\_  
Dataset: \_\_\_\_\_  
Location ID: \_\_\_\_\_  
Survey Date: \_\_\_\_\_

**2-Line Repeat Data Test**

Comments:

Pre Survey		Post Survey		Metric
	Latency Correction		Latency Correction	TBD
Sensor #1				
Sensor #2				
	Anomaly Amplitude mV/nT	Distance Offset (ft)	Anomaly Amplitude mV/nT	Distance Offset (ft)
Sensor #1				TBD
Sensor #2				TBD

**Known Location QC Points Detected**

Comments:

Location ID		Location ID		Metric
Easting		Easting		
Northing		Northing		
Anomaly Offset		Anomaly Offset		
Dist. (ft)		Dist. (ft)		<=2-ft
Direction		Direction		

**Blind Seeds Detected**

Comments:

Anomaly ID		Anomaly ID		Metric
Detected?		Detected?		
Location		Location		
Easting		Easting		
Northing		Northing		
Dist. & Orient. from Seed		Dist. & Orient. from Seed		
Dist. (ft)		Dist. (ft)		<=2-ft
Direction		Direction		

**Data Sampling**

Comments:

Platform Velocity		Metric
Average (mph)		<3 mph
Along Track / Across Track Sampling		
Along Track (ft)		<=0.5-ft
Across Track (ft)		<=3-ft
Total Area Surveyed (acres)		
This Data Set		
Incidental Data Gaps (sq ft)		
This Data Set		



Form G-3  
SURVEY REWORK FORM

AREA: SEAD \_\_\_\_\_  
DATA SET: \_\_\_\_\_  
DATE: \_\_\_\_\_

SITE GEOPHYSICIST

\_\_\_\_\_  
Signature Date

Tracking	Reason For Rework
Survey Crew:	Equipment Failure/Malfunction
Survey Instrument:	Data error/Loss
Navigation:	Navigation Error
Orig. Survey Date:	Survey Error
Area to Rework:	Other

**Comments:**

**Description of Rework Requested**

**Attachment: Data Coverage Map Showing Area For Rework**





Form G-5  
DATA PROCESSING LOG

SITE: \_\_\_\_\_  
SECTOR: \_\_\_\_\_  
GRID: \_\_\_\_\_

Survey Date: \_\_\_\_\_  
Sensor: \_\_\_\_\_  
Crew: \_\_\_\_\_

Initial Review

Navigation Correction

Data Leveling / Diurnal Correction

Data Cataloging and Coordinate Conversion

Data Filtering

Data Location Plot Review

Statistics

Dataset	Signal/Noise Ratio	Metric
	Clipping Value _____	
	Mean _____	TBD
	Standard Dev _____	TBD

Gridding

Anomaly Detection and Analysis

Target Analysis

Shaw GP _____ Init. _____ Date
Shaw QC _____ Init _____ Date
Field data files
Initial (x,y,z) files
Processed (x,y,z) files
Grid files
Target Detection List
Dig List





# FIELD ACTIVITY DAILY LOG

K1

Daily Log	Date:			
	No.			
	Sheet	Of		

PROJECT NAME: FORT ORD, CA		Project Number: 846075
FIELD ACTIVITY SUBJECT:		
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS,		
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER
		SPECIAL ORDERS AND IMPORTANT DECISIONS:
WEATHER CONDITIONS:		IMPORTANT TELEPHONE CALLS:
SHAW PERSONNEL ON SITE:		
SIGNATURE:		DATE:



**Form G-7  
FALSE NEGATIVE REPORT FORM**

**SITE:** \_\_\_\_\_

**AREA:** \_\_\_\_\_

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

**SITE GEOPHYSICIST**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CC:                   Shaw UXOQCS  
                          Shaw Project Geophysicist  
                          Shaw Project Manager

**Item type, Location, Depth, Orientation, Weight, Etc.**

**Circumstances of Discovery and Disposition of Item**

**Relevant Site Conditions (Culture, Noise, Geology, Terrain, etc.)**

**Review of Relevant Survey Design, Site Survey and Navigation Data, Data Processing, Anomaly Selection, and Detection Limits**

**Recommendations**



Form G-8  
CREW DEPLOYMENT LOG

DATE: \_\_\_\_\_

CREW	VEHICLE	EQUIPMENT	SURVEY AREA(S)	COMMENTS

OTHER STAFF	VEHICLE	EQUIPMENT	AREA(S)	COMMENTS

Attachments: Site Survey Base Maps

Form M-1

MUNITIONS OR EXPLOSIVES OF CONCERN INFORMATION FORM

DATE/TIME: \_\_\_\_\_ TRACKING NUMBER: \_\_\_\_\_  
LOCATION: \_\_\_\_\_

1. ITEMS REMOVED FROM SITE (YES/NO)

2. WHO REMOVED THE ITEM(S)?  
Name: \_\_\_\_\_ Organization: \_\_\_\_\_

3. IF ITEMS WERE REMOVED, WHERE WERE THEY TAKEN? \_\_\_\_\_  
\_\_\_\_\_

4. ITEMS DESTROYED ONSITE (YES/NO)

5. WHO DESTROYED ITEM(S)?  
Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Time of Detonation: \_\_\_\_\_ MEC Down Time: \_\_\_\_\_

6. MEC ITEMS ENCOUNTERED:

Type	Quantity	Condition	Disposition

7. USACE NOTIFIED AT (TIME): \_\_\_\_\_ REP: \_\_\_\_\_

8. SHAW PERSONNEL NOTIFIED AT (TIME): \_\_\_\_\_ REP: \_\_\_\_\_

9. COMMENTS (Significant events or findings): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SHAW UXO Representative (Signature)

\_\_\_\_\_  
SHAW UXO Representative (Print Name)

Form M-2

EXPLOSIVE DEMOLITION OPERATIONS

HOW MANY SHOTS: \_\_\_\_\_

SIZE AND WEIGHT: \_\_\_\_\_

TIME OF SHOT: \_\_\_\_\_

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

DATE: \_\_\_\_\_

HOW MANY SHOTS: \_\_\_\_\_

SIZE AND WEIGHT: \_\_\_\_\_

TIME OF SHOT: \_\_\_\_\_

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

DATE: \_\_\_\_\_

AT LEAST 30 MINUTES PRIOR TO PLANNED DETONATION:  
LOCATION FOR FIRE TRUCK: \_\_\_\_\_

**CALLED:**

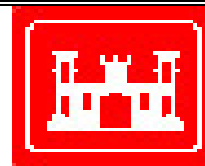
**TIME**

<b>CALLER</b>	<b>PHONE NUMBER</b>	<b>TIME</b>
<b>FIRE DEPARTMENT:</b>	<b>242-7701</b>	
<b>FEDERAL POLICE:</b>	<b>242-7851</b>	
<b>CSU POLICE: (Non-Emergency)</b>	<b>655-0268</b>	
<b>ENVIRONMENTAL (Lyle Shurtleff)</b>	<b>242-7919 / FAX 393-9188</b>	
<b>BRAC</b>	<b>242-7909</b>	
<b>SAFETY OFFICE</b>	<b>242-6509</b>	
<b>BLM</b>	<b>394-8314 FORT ORD</b>	
	<b>FAX / 394-8346</b>	
<b>U.S. ARMY CORPS OF ENGINEERS</b>	<b>884-9925 / FAX 884-9030</b>	
<b>PUBLIC AFFAIRS OFFICE</b>	<b>242-6430 / FAX 242-5464</b>	
<b>PARK RANGER HEADQUARTERS</b>	<b>758-3604</b>	
<b>LAGUNA SECA RACEWAY</b>	<b>648-5117</b>	
<b>MONTEREY COMMUNICATIONS</b> <b>(non-emergency)</b>	<b>373-1259</b>	
<b>CSU PRESS RELATIONS</b>	<b>582-3653</b>	
<b>UNIFIED AIR POLLUTION CONTROL OF</b> <b>MONTEREY BAY (ATTN: Ed Kendig)</b>	<b>647-9411 / FAX 647-8501</b> <b>Ext. 210</b>	
<b>EMERGENCY OPERATIONS CENTER</b> <b>ATTN: RICH SAVKO</b>	<b>242-5784 / FAX 242-7028</b>	
<b>SHAW ENVIRONMENTAL, INC.</b>	<b>883-0103 / FAX 883-0152</b>	

Form M-3



**Detonation Approval Checklist/Risk Assessment**



DATE(S) OF SHOT: \_\_\_\_\_ WINDOW FOR SHOT \_\_\_\_\_

LOCATION OF SHOT: \_\_\_\_\_ TYPES OF MEC \_\_\_\_\_

NET EXPLOSIVE WEIGHT (NEW) [\*ESTIMATED] \_\_\_\_\_ NUMBER OF DETONATIONS: \_\_\_\_\_

Type of Engineering Control(s):		Site Preparation Measures:	
Sand Bagging		Site Wet Down	
Soil Tamping		Vegetation Removal	
Barricades		Other	
Comments:			

A qualitative measure of the worst credible event resulting from personnel exposure to the unexploded ordnance:

LOW		MEDIUM		HIGH
1	2	3	4	5+

Distance to nearest inhabited location/structure likely to be at risk from the OE hazard:


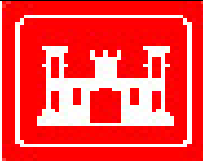
LOW		MEDIUM		HIGH
1	2	3	4	5+

Weather Conditions:

LOW		MEDIUM		HIGH
1	2	3	4	5+

Wind Conditions:

LOW		MEDIUM		HIGH
1	2	3	4	5+

	<b>Detonation Approval Checklist/Risk Assessment</b>	
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<b>Assessment Total:</b>	Low Risk	Caution	High Risk
	1-7	8-14	15-20

- No individual detonation will exceed 15lbs NEW without prior approval
- All notifications will be sent two hours prior to detonation.
- COE Ordnance and Explosives Safety Specialist will be on site during detonation operations.
- Engineering Controls will be in place prior to detonation.
- Fire Department will be on site during detonation operations.

**Approved**

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

Gail Youngblood  
BRAC Environmental Coordinator

## Form M-4

### MEC DISPOSAL CHECKLIST

Be sure to equalize electrical potential "Ground" wherever appropriate.

- \_\_\_\_\_ A. Approval of disposal plan from Senior UXO Supervisor, USACE Safety Representative, and Site Authorities.
- \_\_\_\_\_ B. Site is secure. Appropriate EZ per work plan.
- \_\_\_\_\_ C. Ensure the blasting machine is in control of the downrange team.
- \_\_\_\_\_ D. Test the firing cable for continuity and short the wires or clips.
- \_\_\_\_\_ E. Barricade the electric blasting caps (EBCs).
- \_\_\_\_\_ F. Remove the shunt on an EBC.
- \_\_\_\_\_ G. Facing away from the barricade, test the continuity of the EBC with a galvanometer.
- \_\_\_\_\_ H. Replace the shunt or short the EBC.
- \_\_\_\_\_ I. Repeat steps F, G, and H for the second EBC.
- \_\_\_\_\_ J. Recheck the firing cable to ensure the cable is shorted.
- \_\_\_\_\_ K. Make a parallel circuit and connect the leg wires of the EBCs to the firing cable.
- \_\_\_\_\_ L. Connect the EBCs to the main charge. Return to the firing point.
- \_\_\_\_\_ M. Using binoculars, ensure the area is clear and blow the air or vehicle horn three times.
- \_\_\_\_\_ N. Fire the charge.
- \_\_\_\_\_ O. Conduct a destruction site inspection



**PRESIDIO OF MONTEREY FIRE DEPARTMENT  
MUNITIONS RESPONSE & ORDNANCE REMOVAL  
FIRE RISK ASSESSMENT**

**OPERATIONAL AREA:** \_\_\_\_\_  
**DATE OF ASSESSMENT:** \_\_\_\_\_  
**OPERATIONAL PERIOD:** \_\_\_\_\_

**RISK VALUES**

**NUMBER VALUE**

(1) LOWEST RISK – (5) HIGHEST RISK

**SITE ACCESS:** (Fire Suppression, Road Conditions, Obstructions, Etc.)

**Value:**

**PRE-SUPPRESSION** (Fuels, Site Access, Clearance Zone)

All shots will be pre-suppressed

**Value:**

**DEMOLITION SHOT:** (Surface, Subsurface, Type of OE, Removal Method)

**Value:**

**TOPOGRAPHY:** (Slopes, Ridges, Barriers, Canyons, Chimneys)

**Value:**

**WEATHER:** (Wind, Temperature, Relative Humidity)

**Value:**

**FIRE SUPPRESSION:** (Accessibility, Weather, Fuels, Suppression Factors)

**Value:**

**TOTAL NUMBER VALUE:**

**TOTAL ASSESSMENT VALUES**

**0-12 LOW RISK**

**12-23 CAUTION**

**24-35 HIGH RISK**

**ASSESSED BY:** \_\_\_\_\_

FORM UPDATED 13 January 2006

## **SPECIAL NOTATIONS**

OPERATION:

DATE:

RED FLAGS

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FIRE DEPARTMENT REPRESENTATIVE

**Form M-6**

**GENERAL DEMOLITION ELECTRIC MISFIRE CHECKLIST**

- \_\_\_\_\_ A. Repeat firing attempts.
- \_\_\_\_\_ B. Check circuit with galvanometer.
- \_\_\_\_\_ C. Switch blasting machines, if possible.
- \_\_\_\_\_ D. Repeat firing attempts.
- \_\_\_\_\_ E. Check circuit with galvanometer.
- \_\_\_\_\_ F. Short firing cable wires.
- \_\_\_\_\_ G. Wait 60 minutes before going downrange.
- \_\_\_\_\_ H. Using new EBCs, countercharge the main charge.

**GENERAL DEMOLITION NON-ELECTRIC MISFIRE CHECKLIST**

- \_\_\_\_\_ A. Wait 60 minutes plus time fuze burn time before going downrange.
- \_\_\_\_\_ B. Using new firing train, countercharge the main charge.

Form M-7

Team #: \_\_\_\_\_  
Date: \_\_\_\_\_

Grid Summary Sheet

Grid ID	Grid Started (Date)	Grid Completed (Date)	Grid QC/QA (Date)	Grid Dimensions		MEC Found (Y/N)	Munitions Debris Weight (Lbs.)	Team Leader (Initials)
				100 x 100	Partial Grid			
				(check appropriate box)				

**Name**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed By**  
Team Leader  
SUXOS  
QC

**Signature/Date**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form M-8

ANOMALY TRACKING SHEET

Grid Origin Coordinates:				E	N	Grid ID:										
SURVEY DATA				REACQUISITION DATA					POST-DIG DATA				DIG RESULT			
Data Supplied to the Field Teams				Data Collected by the Field Geophysical Team										Data Collected by the UXO Team		
Anomaly ID	Survey Easting (ft)	Survey Northing (ft)	Total Reading (mV)	Reacquire Easting (ft)	Reacquire Northing (ft)	Reacquire Comments	Pre-Dig Reading (mV)	Post-Dig Reading (mV)	Item Easting (ft)	Item Northing (ft)	Post-Dig Completion Comments: a. 90% of peak removed from signal b. large item not removed from hole c. hole reached 4 ft; source is deeper d. other (specify)	Initial when dig is considered complete	Type: U = UXO F = Frag O = Non-OE	Depth (inches)	Item Description	

Form M-9

MEC TRACKING FORM

MEC GPS ID	PHOTO ID	TEAM	TEAM LEADER
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	_____
Grid ID			
<input style="width:100%;" type="text"/>			
<b>INITIAL INFORMATION</b>			
Date Found	Initial Condition	Initial Description	Initial Disposition
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Surface?	<b>YES / NO</b>		
	<i>Circle One</i>		
Manual Reference	Initials	Final Abbreviated Description	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
<b>DEMO INFORMATION</b>			
Demo Date	Demo Completed	Demo Description	Demo Comments
<input style="width:100%;" type="text"/>	<b>YES / NO</b>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	<i>Circle One</i>		
OE Final Disposition	OE Final Condition		OE TRANSFER
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		_____
Signature/Title/Date			
<b>QUALITY CONTROL INFORMATION</b>			
QC Review Passed?	Quality Control Review Comments	Modification Notes	
<b>YES / NO</b>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
<i>Circle One</i>			
	UXO Supervisor/Manager	_____	
	UXO Quality Control	_____	
	USACE/Army	_____	

**Tracking Form Instructions**

**MEC GPS ID:** Automatically generated by GPS unit in the field when MEC item found

**Team:** Team 1  
Team 2

**Grid ID:** Grid location where MEC item is found

**Date Found:** Date when MEC item is found

**Initial Condition:** Expended  
Inert  
Live  
TBD  
Other (specify)

**Initial Description:** An abbreviated description for the MEC Item found (eg., Flare, projectile, grenade, simulator, other (specify))

**Initial Disposition:** Left in place  
PUCA  
Scrap Bin  
Safe handling area  
BIP  
Other (specify)

**Initial Comments:** Any comments regarding initial conditions

**Manual Reference:** Reference to the page and the manual to that best verifies the identification of the OE Item

**Final Abbreviated Description:** Taken from Fort Ord model description list maintained by Shaw Environmental GIS Manager

**Demo Date:** Date demolition of item occurred

**Demo Completed:** Yes or No (was the demolition completed?)

**Demo Description:** BIP  
Con Shot (Consolidation Shot)

**Demo Comments:** Any comments that pertain to demo action

**OE Final Disposition:** BIP  
Training  
Destroyed by detonation  
Transferred  
Other (specify)

**OE Final Condition:** Live  
Inert

**OE Transfer:** Signed by authorized representative if transfer of MEC Item occurs (eg., to Parsons)

**QC Review Passed?:** Yes or No (did the QC pass?)

**QC Review Comments:** Any comment pertaining to the QC review

**Modification Notes:** Any notes discussing a modification or change in information previously documented.

**MOTOR VEHICLE INSPECTION**  
(TRANSPORTING HAZARDOUS MATERIAL)

GBL. NO.	ORIGIN	DESTINATION
NAME OF CARRIER		
NAME OF DRIVER		
DATE AND HOUR		
INSTALLATION/ACTIVITY	FORT ORD, CALIFORNIA	
DIVER S STATE PER MIT NO.		
MEDICAL EXAMINER S C ERTIFICATE AND DATE		

**VEHICLE**

<b>TYPE OF VEHICLE</b> _ TRUCK TRUCK AND FULL TRAILER TRACTOR AND DOUBLE TRAILERS TRACTOR AND CLOSED SEMI-TRAILER TRACTOR AND FLAT-BED TRAILER	TRUCK NUMBER	TRAILER(S) NUMBER	SLEEPER CAB YES _ NO
	ORIGIN	ORIGIN	VALID LEASE _ YES NO
	DESTINATION	DESTINATION	I.C.C. NUMBER

*NOTE: All of the following items shall be checked on empty equipment prior to loading.  
Items with an asterisk (\*) shall be checked on incoming loaded equipment.*

ITEM NO.	CHECK APPROPRIATE COLUMN (See reverse side for explanatory notes)	ORIGIN		DESTINATION		REMARKS (Explain unsatisfactory items; use reverse side if necessary)
		SAT	UNSAT	SAT	UNSAT	
1.	ENGINE, BODY, CAB AND CHASSIS CLEAN					
2.	STEERING MECHANISM					
3.	HORN OPERATIVE					
4.	WINDSHIELD AND WIPERS					
5.	SPARE ELECTRIC FUSES AVAILABLE					
6.	REAR VIEW MIRRORS INSTALLED					
7.	HIGHWAY WARNING EQUIPMENT					
* 8.	FULL FIRE EXTINGUISHER INSTALLED (2)					
9.	LIGHTS AND REFLECTORS OPERATIVE					
10.	EXHAUST SYSTEM					
<hr/>						
* 12.	FUEL TANK, LINE AND INLET					
<hr/>						
* 14.	ALL BRAKES OPERATIVE					
<hr/>						
16.	SPRINGS AND ASSOCIATED PARTS					
* 17.	TIRES					
18.	CARGO SPACE					
* 19.	ELECTRIC WIRING					
* 20.	TAIL GATE AND DOORS SECURED					
<hr/>						
22.	ANY OTHER DEFECTS (Specify)					

APPROVED	(If rejected give reasons on reverse under Remarks. Equipment shall be approved if deficiencies are corrected prior to loading.)	SIGNATURE (of Inspector)	SIGNATURE (of Inspector)
REJECTED		ORIGIN	DESTINATION

ITEMS TO BE CHECKED PRIOR TO RELEASE OF LOADED VEHICLE		ORIGIN	DESTINATION
23.	MIXTURES OF MATERIAL PROHIBITED BY DOT REGS. ARE NOT LOADED ONTO THIS VEHICLE		
* 24.	LOAD IS SECURED TO PREVENT MOVEMENT		
25.	WEIGHT IS PROPERLY DISTRIBUTED AND VEHICLE IS NOT OVERWEIGHT		

* 27.	SPECIAL INSTRUCTIONS (DD Form 836) FURNISHED DRIVER		
* 28.	COPY OF VEHICLE INSPECTION (DD Form 626) FURNISHED DRIVER		
* 29.	PROPER PLACARDS APPLIED		
* 30.	SHIPMENT MADE UNDER DOT EXCEPTION 868		

SIGNATURE (of Inspector) ORIGIN	SIGNATURE (of Driver) ORIGIN
SIGNATURE (of Inspector) DESTINATION	SIGNATURE (of Driver) DESTINATION



Form M-11

EXPLOSIVES USAGE RECORD

Team Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_ Project: \_\_\_\_\_

<b>EXPLOSIVES ISSUED</b>			
<b>Signature of Team Leader:</b> _____			
<b>Item</b>	<b>Quantity</b>	<b>Lot Number</b>	<b>Checker's Initials</b>

<b>EXPLOSIVES EXPENDED</b>			
<b>Signature of Team Leader:</b> _____			
<b>Item</b>	<b>Quantity</b>	<b>Lot Number</b>	<b>Checker's Initials</b>

<b>EXPLOSIVES RETURNED</b>			
<b>Signature of SUXOS:</b> _____			
<b>Item</b>	<b>Quantity</b>	<b>Lot Number</b>	<b>Checker's Initials</b>

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

\_\_\_\_\_  
Date

<b>DEPARTMENT OF THE TREASURY</b> <b>BUREAU OF ALCOHOL, TOBACCO AND FIREARMS</b> <b>REPORT OF THEFT OR LOSS - EXPLOSIVE MATERIALS</b>	DATE
---	------

Upon discovery of any theft or loss of any of your explosive materials:  
 -First, call ATF toll free at 1-800-800-3855 (or call ATF collect at 1-800-800-3855 if you are in Alaska, Guam, Hawaii, Puerto Rico or the Virgin Islands) to report the theft or loss;  
 -Second, call your local law enforcement office to report the theft or loss; and  
 -Third, complete this form and attach any additional sheets or invoices necessary to provide the required information, and mail to the nearest ATF office listed on the reverse. We suggest you retain a copy of the completed form. Please complete each item, as applicable, to the best of your ability.

NOTE: Section 842(k), 18 U.S.C., Chapter 40, states. "It shall be unlawful for any person who has knowledge of the theft or loss of any explosive materials from his stock to fail to report such theft or loss within 24 hours of discovery thereof to the Secretary and to appropriate local authorities." Codified at 27 C.F.R., Section 55.30.

1. NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON MAKING REPORT (Include corporate or business name, if applicable)	2. LOCATION OF THEFT OR LOSS (if different from item 1)
---	---

3. THEFT OR LOSS	DATE	TIME	4. NAME AND ADDRESS OF LOCAL AUTHORITY TO WHOM REPORTED
a. DISCOVERED			
b. OCCURRED (Show approximate, if exact not known)			
c. REPORTED TO ATF BY TELEPHONE			
d. REPORTED TO LOCAL AUTHORITIES			

5. EXPLOSIVE MATERIALS LOST OR STOLEN (Attach invoices or additional sheets, if necessary)		
a. MANUFACTURER OR BRAND NAME (Include date and shift code)	b. QUANTITY (Pounds of explosives, Number of Caps)	c. TYPE AND DESCRIPTION (Dynamite, Blasting Agents, Detonators, etc. Include for each type, size, MS delay or length of legwire, as applicable)

6. THEFT OR LOSS OCCURRED FROM (Check applicable box)

PERMANENT MAGAZINE    
  PORTABLE MAGAZINE    
  TRUCK    
  WORK SITE    
  OTHER (Explain)

7. ENTRY TO MAGAZINE MADE THROUGH (Complete if applicable) <input type="checkbox"/> DOOR <input type="checkbox"/> ROOF <input type="checkbox"/> FLOOR <input type="checkbox"/> FOUNDATION <input type="checkbox"/> WALL <input type="checkbox"/> CEILING <input type="checkbox"/> VENTS <input type="checkbox"/> OTHER (Explain)	8. NUMBER AND TYPE OF LOCKS FORCED (Complete if applicable)
--	---

9. OTHER INFORMATION PERTINENT TO THE THEFT OR LOSS

---

10. SIGNATURE AND TITLE OF PERSON MAKING REPORT:	11. FEDERAL EXPLOSIVES LICENSE OR PERMIT, IF ANY
--	--

<b>FOR ATF USE ONLY</b>		
DATE RECEIVED	TIME RECEIVED	UNIQUE IDENTIFIER

COPY OF ATF 5400.5 (1/93) PREVIOUS EDITIONS ARE OBSOLETE

## ADDRESS LISTING OF ATF OFFICES

Forward this completed form to the nearest ATF Office listed below (*alphabetically by City*):

- |   |  |
|---|--|
| 1) 101 Marletta St, NW, Ste 408<br>Atlanta, GA 30303                              | 12) 350 S Figueroa St, Ste 800<br>Los Angeles, CA 90071                                  |
| 2) 103 S Gay St, 2 <sup>nd</sup> Flr<br>Baltimore, MD 21202                       | 13) Bank of Louisville Bldg, Ste 807<br>510 W Broadway<br>Louisville, KY 40202           |
| 3) 2121 8 <sup>th</sup> Ave N, Rm 725<br>Birmingham, AL 35203                     | 14) 8420 NW 52 <sup>nd</sup> St, Ste 120<br>Miami, FL 33168                              |
| 4) The Boston Federal Building<br>10 Causeway St, Rm 701<br>Boston, MA 02222-1081 | 15) Nashville Koger Center, Ste 215<br>215 Centerview Dr, Ste 215<br>Brentwood, TN 37027 |
| 5) 4530 Park Rd, Ste 400<br>Charlotte, NC 28209                                   | 16) Executive Plaza Bldg, Ste 309<br>10001 Lake Forest Blvd<br>New Orleans, LA 70127     |
| 6) One S 450 Summit Ave, Ste 250<br>Oak Brook Terrace, IL 60181                   | 17) 90 Church St, Rm 1016<br>New York, NY 10007  |
| 7) Plaza South One, Rm 301<br>7521 Engle Rd<br>Middleburg Hgts, OH 44130          | 18) US Customs House, Rm 504<br>2 <sup>nd</sup> & Chestnut Sts<br>Philadelphia, PA 19106 |
| 8) 1200 Main Tower Bldg, Ste 2550<br>Dallas, TX 75250                             | 19) 221 Main St, Ste 1250<br>San Francisco, CA 94105                                     |
| 9) 231 W Lafayette St, Rm 533<br>Detroit, MI 48226                                | 20) 915 2 <sup>nd</sup> Ave, Rm 806<br>Seattle, WA 98174                                 |
| 10) 15355 Vantage Pkwy W, Ste 210<br>Houston, TX 77032                            | 21) 100 S 4 <sup>th</sup> St, Ste 550<br>St Louis, MO 63102                              |
| 11) 811 Grand Ave, Rm 106<br>Kansas City, MO 64106                                | 22) 1870 Minnesota World Trade Center<br>30 E 7 <sup>th</sup> St<br>St Paul, MN 55101    |
|   | 23) 607 14 <sup>th</sup> St NW, Ste 620<br>Washington, DC 20005                          |

## PRIVACY ACT INFORMATION

The following information is provided pursuant to Section 3 of the Privacy Act of 1974 (5 U.S.C. §522a(e)(3)).

- 1. Authority.** Solicitation of this information is made pursuant to Title XI of the Organized Crime Control Act of 1970 (18 U.S.C. Chapter 40). Disclosure of a theft or loss of explosive materials is mandatory pursuant to 18 U.S.C. §842(k) for any person who has knowledge of such theft or loss from his stock.
- 2. Purpose.** The purpose for the collection of this information is to give ATF notice of the theft or loss of explosive materials, and to furnish ATF with the pertinent facts surrounding such theft or loss. In addition, the information is used to confirm and verify prior notification of this theft or loss of explosive materials.

**3. Routine Uses.** The information will be used by ATF to aid in the administration of laws within its jurisdiction concerning the regulation of explosive materials and other related areas. In addition, the information may be disclosed to other Federal, State, foreign, and local law enforcement of laws within their jurisdiction.

**4. Effects of not supplying information requested.** 18 U.S.C. §842(k) makes it unlawful for any person who has knowledge of the theft or loss of explosive materials from his stock to fail to report such theft or loss within 24 hours of discovery thereof to the Secretary and to appropriate local authorities. The penalty for violation of this section is a fine of not more than \$1,000, or imprisonment for not more than one year, or both. 18 U.S.C. §844(b).

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to report the theft or loss of explosive materials. The information is used for investigative purposes by ATF officials. This information is mandatory by statute (18 U.S.C. 842).

The estimated average burden associated with this collection of information is 1 hour and 48 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

COPY OF ATF 5400.5 (1-93)

Form QC-1

PERSONNEL QUALIFICATION VERIFICATION FORM

CANDIDATE: \_\_\_\_\_


POSITION: \_\_\_\_\_

CONTRACT: DACW05-96-D-0011; D0 0016 (TERC II)

REVIEW ITEMS		CANDIDATE QUALIFICATIONS	VERIFIED BY/DATE
EXPERIENCE	REQUIRED: AREA AND YEARS		
	ACTUAL: AREA AND YEARS		
EDUCATION	REQUIRED		
	ACTUAL		
CERTIFICATIONS & REGISTRATIONS	REQUIRED		
	ACTUAL		
TRAINING	REQUIRED		
	ACTUAL		
OTHER	REQUIRED		
	ACTUAL		

Form QC-2

DOCUMENT REVIEW AND RELEASE FORM

 <b>DOCUMENT REVIEW AND RELEASE FORM</b>											
Client: USACE		Authors: Shaw				Submittal Register Item No.:				Date:	
Document Title:						Revision:		T.O. #		WAD#	
Reviewer ( <i>print</i> )	Reviewer Initial & Date	Technical	Project Manager	CQC	Health and Safety Manager	Task Manager	Chemistry	UXO	Construction	Reviewer Comments Resolved ( <i>Signature &amp; Date</i> )	
Peter Kelsall			X								
Tom Ghigliotto				X							
Same as Technical Reviewer above		X	Topic outline with objectives for each section submitted prior to Rev. A								
<i>Program Reviewer's Acceptance for Document Submittal</i>								Signature		Yes	No
1) A 4025 (as applicable) prepared and submitted with document?										X	
2) Technical Conclusions adequately supported by text and data?										X	
3) Tables and Figures are in the proper format and checked and approved?										X	
4) The Table of Contents consistent with text information?										X	
5) Technical Reviewers are qualified and accepted by Project Manager?										X	
6) A document Distribution List been prepared and submitted with document?										X	
										Recommended 4025 Code <u>A</u>	
_____ Project Manager				_____ Contractor Quality Control Systems Manager							

Form QC-3

PREPARATORY PHASE INSPECTION CHECKLIST  
(PART I)

TERC II - K.2

Contract No.: DACW05-96-D-0011  
Task Order No. 016  
Fort Ord, California

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

Title and No. of Technical Section: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Contract Drawings: \_\_\_\_\_

A. Planned Attendants:

	<u>Name</u>	<u>Position</u>	<u>Company</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____

B. Submittals required to begin work:

	<u>Item</u>	<u>Submittal No.</u>	<u>Action Code</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____

I hereby certify, that to the best of my knowledge and belief, that the above required materials delivered to the job site are the same as those submitted and approved.

\_\_\_\_\_  
Contractor Quality Control Systems Manager

Form QC-3

PREPARATORY PHASE INSPECTION CHECKLIST  
(PART I)

TERC II - K.2

Contract No.: DACW 05-96-D-0011  
Task Order No. 016  
Fort Ord, California

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

C. Equipment to be used in executing work:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

D. Work areas examined to ascertain that all preliminary work has been completed:

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

E. Methods and procedures for performing Quality Control, including specific testing requirements:

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

The above methods and procedures have been identified from the project plans and will be performed as specified for the Definable Feature of Work.

\_\_\_\_\_  
Contractor Quality Control Systems Manager





Form QC-4

INITIAL PHASE INSPECTION CHECK LIST

TERC II - K.3

Contract No.: DACW 05-96-D-0011
Task Order No. 016
Fort Ord, California

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

Title and No. of Technical Section: \_\_\_\_\_

Description and Location of Work Inspected: \_\_\_\_\_

Reference Contract Drawings: \_\_\_\_\_

A. Key Personnel Present:

Table with 3 columns: Name, Position, Company. Rows 1) through 4) for personnel listing.

B. Materials being used are in strict compliance with the contract plans and specifications: Yes \_\_\_ No \_\_\_

If not, explain: \_\_\_\_\_

C. Procedures and/or work methods witnessed are in strict compliance with the contract specifications: Yes \_\_\_ No \_\_\_

If not, explain: \_\_\_\_\_

D. Workmanship is acceptable: Yes \_\_\_ No \_\_\_

State where improvement is needed: \_\_\_\_\_

E. Workmanship is free of safety violations: Yes \_\_\_ No \_\_\_

If no, corrective action taken: \_\_\_\_\_

Contractor Quality Control Representative

Form QC-5

**FOLLOW UP PHASE INSPECTION CHECKLIST**

**CONTRACTOR QUALITY CONTROL DAILY REPORT CONTINUATION SHEET  
(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

Date:

Contractor: Shaw Environmental, Inc.

Contract No: DACW05-96-D-0011    Task Order No: 016    WAD \_\_\_\_\_    Report No:

Y=YES; N=NO; SEE REMARKS BLANK=NOT APPLICABLE	
WORK COMPLIES WITH CONTRACT AS APPROVED IN INITIAL PHASE	

**IDENTIFY DEFINABLE FEATURE OF WORK, LOCATION, AND LIST PERSONNEL PRESENT**

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**TESTING PERFORMED & WHO PERFORMED TEST (Include number of samples and/or tests taken)**

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USACE QA Representative \_\_\_\_\_ Date \_\_\_\_\_

Contractors QC Representative \_\_\_\_\_ Date \_\_\_\_\_

Form QC-6



FINAL INSPECTION CHECKLIST (PART I)

TERC II - K 4.3

Contract No.: DACW05-96-D-0011
Task Order No. 016
Fort Ord, California

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

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

WAD No. \_\_\_\_\_

Project / Area of Inspection: \_\_\_\_\_

A. Definable Features of Work:

Status of Inspection:

Multiple horizontal lines for data entry under section A.

I hereby certify, that to the best of my knowledge and belief, that the work inspected is complete and all materials and equipment used and work performed were completed in accordance with plans submitted and approved.

Contractor Quality Control Systems Manager

B. Final Acceptance is Approved, Subject to the Correction of the Punchlist Items Below:

Multiple horizontal lines for data entry under section B.



**FINAL INSPECTION CHECKLIST  
(PART II)**

**MEETING ATTENDANCE LIST**

<b>Meeting:</b>		<b>Date:</b>
<b>Name</b>	<b>Organization</b>	<b>Phone Number</b>

**INSPECTION SCHEDULE AND TRACKING FORM**

<b>Project: Eucalyptus Burn Area, Fort Ord, California</b>	<b>Project Manager: Peter Kelsall</b>	<b>CQC System Manager:</b>
--	---------------------------------------	----------------------------

Contract No. DACW05-96-D-0011, DO 0016

Reference Number	Definable Feature of Work	Preparatory		Initial		Follow-Up		Completion		Status
		Date Planned	Actual Date	Date Planned	Actual Date	Planned Begin/End	Actual Dates	Planned Begin/End	Actual Dates	

**CORRECTIVE ACTION REQUEST**

(2) CAR #:	(3) PRIORITY: 9HIGH      9NORMAL	(4) DATE PREPARED:
------------	----------------------------------	--------------------

**PART A: NOTICE OF DEFICIENCY**

(5) PROJECT: Fort Ord, CA	CTO #: 011	WAD#:
(6) PROJECT MANAGER: Peter Kelsall	(7) CQC SYSTEM MANAGER: Tom Ghigliotto	
(8) WORK UNIT:	(9) WORK UNIT MANAGER:	
(10) ISSUED TO (INDIVIDUAL & ORGANIZATION):		
(11) REQUIREMENT & REFERENCE:		
(12) PROBLEM DESCRIPTION & LOCATION:		
(13) CAP REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	(14) RESPONSE DUE:	
(15) ISSUED BY (PRINTED NAME & TITLE):	(16) MANAGEMENT CONCURRENCE:	
SIGNATURE:	DATE:	

**PART B: CORRECTIVE ACTION**

(17) PROPOSED CORRECTIVE ACTION/ACTION TAKEN:	
NOTE: SUPPORTING DOCUMENTATION MUST BE LISTED ON THE BACK OF THIS FORM AND ATTACHED.	
(18) PART B COMPLETED BY (NAME & TITLE):	(19) QC CONCURRENCE:
SIGNATURE:	DATE:

**PART C: CORRECTIVE ACTION VERIFICATION**

(20) CAR VERIFICATION AND CLOSE-OUT: (CHECK ONLY ONE & EXPLAIN STIPULATIONS, IF ANY)	
<input type="checkbox"/> APPROVED FOR CLOSURE WITHOUT STIPULATIONS <input type="checkbox"/> APPROVED FOR CLOSURE WITH FOLLOWING STIPULATIONS	
COMMENTS/STIPULATIONS:	
(21) CLOSED BY (PRINTED NAME & TITLE):	
SIGNATURE:	DATE:

**CORRECTIVE ACTION REQUEST (CAR) INSTRUCTION SHEET**

- (1) **CQC System Manager:** Verify that the total number of pages includes all attachments.
- (2) **CQC System Manager:** Fill in CAR number from CAR log.
- (3) **CQC System Manager:** Fill in appropriate priority category. **High** priority indicates resolution of deficiency requires expediting corrective action plan and correction of deficient conditions noted in the CAR and extraordinary resources may be required due to the deficiency's impact on continuing operations. **Normal** priority indicates that the deficiency resolution process may be accomplished without further impacting continuing operations.
- (4) **CAR Requestor:** Fill in date CAR is initiated.
- (5) **CAR Requestor:** Identify project name, number, CTO, and WAD.
- (6) **CAR Requestor:** Identify Project Manager
- (7) **CAR Requestor:** Identify CQC System Manager.
- (8) **CAR Requestor:** Identify project organization, group, or discrete work environment where deficiency was first discovered.
- (9) **CAR Requestor:** Identify line manager responsible for work unit where deficiency was discovered.
- (10) **CQC System Manager:** Identify responsible manager designated to resolve deficiency (this may not be work unit manager).
- (11) **CAR Requestor:** Identify source of requirement violated in contract, work planning document, procedure, instruction, etc; use exact reference to page and, when applicable, paragraph.
- (12) **CAR Requestor:** Identify problem as it relates to requirement previously stated. Identify location of work activities impacted by deficiency.
- (13) **CQC System Manager:** Identify if Corrective Action Plan (CAP) is required. CAP is typically required where one or more of the following conditions apply: CAR priority is **High**; deficiency requires a rigorous corrective action planning process to identify similar work product or activities affected by the deficiency; or deficiency requires extensive resources and planning to correct the deficiency and to prevent future recurrence.
- (14) **CQC System Manager:** Identify date by which proposed corrective action is due to QC for concurrence.
- (15) **CQC System Manager:** Sign and date CAR and forward to responsible manager identified in (10) above.
- (16) **Responsible Manager:** Initial to acknowledge receipt of CAR.
- (17) **Responsible Manager:** Complete corrective action plan and identify date of correction. Typical corrective action response will include statement regarding how the condition occurred, what the extent of the problem is (if not readily apparent by the problem description statement in [12]), methods to be used to correct the condition, and actions to be taken to prevent the condition from recurring. If a CAP is required, refer to CAP only in this section.
- (18) **Responsible Manager:** Sign and date corrective action response.
- (19) **CQC System Manager:** Initial to identify concurrence with corrective action response from responsible manager.
- (20) **CQC System Manager:** Check appropriate block to identify if corrective action process is complete so that CAR may be closed. Add close-out comments relevant to block checked.
- (21) **CQC System Manager:** Indicate document closeout by signing and dating.



Form QC-9

K15

CORRECTIVE ACTION PLAN

Attach clarifications and additional information as needed. Identify attached material in appropriate section of this form.

PART A: TO BE COMPLETED BY PROJECT MANAGER OR DESIGNEE

(1) PROJECT: Fort Ord, CA		
(2) PROJECT MANAGER: Peter Kelsall	(3) CQC SYSTEM MANAGER: Tom Ghigliotto	
(4) CAR NO(S) AND DATE(S) ISSUED:		
(5) DEFICIENCY DESCRIPTION AND LOCATION:		
(6) PLANNED ACTIONS	(7) ASSIGNED RESPONSIBILITY	(8) COMPLETION DUE DATE
(9) PROJECT MANAGER SIGNATURE:		DATE:

PART B: TO BE COMPLETED BY CQC SYSTEM MANAGER OR DESIGNEE

(10) CAP REVIEWED BY:	DATE:
(11) REVIEWER COMMENTS:	
(12) CAP DISPOSITION: (CHECK ONLY ONE AND EXPLAIN STIPULATIONS, IF ANY)	
<input type="checkbox"/> APPROVED WITHOUT STIPULATIONS	
<input type="checkbox"/> APPROVED WITH STIPULATIONS	
<input type="checkbox"/> APPROVAL DELAYED, FURTHER REQUIRED	
PLANNING COMMENTS:	
(13) CQC SYSTEM MANAGER SIGNATURE:	DATE:

DAILY QUALITY CONTROL REPORT

Contract No. DAC05-96-D-0011  
Task No. 016  
Project No. \_\_\_\_\_

Page 1 of 2  
Date: \_\_\_\_\_  
Report No: \_\_\_\_\_

LOCATION OF WORK: Fort Ord

DESCRIPTION: \_\_\_\_\_

WEATHER: (CLEAR) (FOG) (P.CLOUDY) (RAIN) (WINDY)

TEMPERATURE: MIN xx EF MAX xx EF

1. Work performed today:

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

2. Work performed today by Shaw subcontractor(s):

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

3. Preparatory Phase Inspections performed today (include personnel present, specification section, drawings, plans, and submittals required for definable feature of work):

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

4. Initial phase Inspections performed today (include personnel present, workmanship standard established, material certifications/test are completed, plans and drawings are reviewed):

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

5. Follow-up Phase Inspections performed today (include locations, feature of work and level of compliance with plans and procedures):

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

DAILY QUALITY CONTROL REPORT

Contract No. DAC05-96-D-0011  
Task No. 016  
Project No. \_\_\_\_\_

Page 2 of 2  
Date: \_\_\_\_\_  
Report No: \_\_\_\_\_

6. List tests performed, samples collected, and results received:

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

7. Verbal instructions received (instructions given by Government representative and actions taken):

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

8. Non-conformances/deficiencies reported:

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

9. Site safety monitoring activities performed today:

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

10. Remarks:

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

CERTIFICATION: I certify that the above report is complete and correct and that I, or my representative, have inspected all work identified on this report performed by Shaw and our subcontractor(s) and have determined to the best of my knowledge and belief that noted work activities are in compliance with the plans and specifications, except as may be noted above.

Contractor Quality Control Systems Manager