CATHODIC PROTECTION WORKSHEET

FORM 14

COMPANY: _____

Test Location Number	Location:_____ Tests By:_____ For Year: _____ * Indicates Test Station TEST LOCATION	Soil Resistivity (Ohms-cm)	Current Drain (milliamps)				Pipe-To-Soil Readings (–Volts)			
			1st-Qtr Month: _____	2nd-Qtr Month: _____	3rd-Qtr Month: _____	4th-Qtr Month: _____	1st-Qtr Month: _____	2nd-Qtr Month: _____	3rd-Qtr Month: _____	4th-Qtr Month: _____