(1)	Team Number: Date(MM/DD/NMonitor's Names: Reviewed By:									
		nstr ID: Instrument and Probe Model & Type:			Entry & Exit QC checks: (initial on return QC Check Logbook Page #:				al on return)	(1) GPS Information (if used) Instrument ID: Manufacturer / Model:
	Instr ID:				Entry & Exit QC checks: (initial on return) QC Check Logbook Page #:					Site: Lat: Long:
	Instr ID: Instrument and Probe Mode & Type:				Entry & Exit QC checks: (initial on retu QC Check Logbook Page #:					Remarks: Include ALL pertinent measurement factors.
	Time (Military) (2)	Location Description (Location/Flag ID if used) Attach map/drawing if necessary (3)	Latitude (4)	Longitude (5)	Inst ID (6)	Measurement (7)	Units (8)	Radiation Type / Energy(9)	Measure- ment Surface (10)	Environmental: Ground Conditions, mist, rain, etc. If samples are collected at this site; Note Sample ID and type here (11)
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
(I.)										