

EXPLOSIVE GAS MONITORING PUNCH BAR STATION REPORT

Sanitary Landfill: _____ Location (County): _____

Tested By: _____ Date: _____

Gas Instrument Type: _____ Model No.: _____

Last Calibrated: _____ Calibration Gas: _____ Detection Limit: _____

Sampling Method: _____

Test Method (Punch Bar/Other): _____

Station Designation	Time	Explosive Gas % Volume or % LEL (circle one)	Threshold Limit	% Gas is higher/lower than threshold	Punch Bar Hole Depth

Weather Conditions: _____ Odors Present? Yes No

Barometric Pressure: _____ Relative Humidity: _____ Outside Air Temperature: _____

Soil Conditions: _____

Comments: _____