

EXPLOSIVE GAS MONITORING REPORT

Facility: _____
 County: _____
 Date of Sampling: _____

Weather conditions: _____
 Ambient air temperature: _____ Relative humidity: _____
 Barometric pressure: _____ Odors present?: _____
 Comments: _____

Gas meter make and model: _____ Calibration gas: _____
 Date of last calibration: _____
 Calibration was performed in: Field Factory

Probe Identification	Sampling Time	Initial CH ₄ % by volume	Contingency (check one)		Current Conditions of the Probe	Pressure (units)	Depth to water (FT) from top of casing	Probe Depth (FT)	Length of screen (FT)	Is screened interval flooded? (check one)		Comments
			Yes	No						Yes	No	

Name: _____

Affiliation: _____

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Gas meter make and model: _____	Calibration gas: _____ Date of last calibration: _____ Calibration was performed in: Field <input type="checkbox"/> Factory <input type="checkbox"/>
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Punchbar station identification	Sampling time	CH4 % by Volume	Contingency (check one)		Depth of punchbar	Comments
			Yes	No		

Name: _____

Affiliation: _____

Continuous Explosive Gas Alarm Report

Location or address	Date	Alarm Operational (Y/N)	Date Last Tested

Signature: _____

Date of inspection: _____