FOR STAFF USE ONLY

SAMPLE #1 NUMBER: XRF START TIME:

SHOP

LOG IN DATE:

LOG IN TIME:

SAMPLE #2 NUMBER: XRF START TIME:

SAMPLE #3 NUMBER:

XRF START TIME:

soilSHOP Log In Form

Closest Intersection:

Closest Main Street:

Collection Information (You can bring one or more samples)

Sample 1	Sample 2 Sample 3
ppm	ppm ppm
Type of Soil	Type of Soil Type of Soil
Original Soil	Original Soil Original Soil
Amended (mulch, compost, topsoil)	Amended (mulch, compost, topsoil) Amended (mulch, compost, topsoil)
Raised Bed	Raised Bed Raised Bed
Other:	Other: Other:
Current or Planned Use	Current or Planned Use Current or Planned Use
Garden	Garden Garden
Play Area	Play Area Play Area
Other:	Other: Other:
Was this sample taken from more than one spot?	Was this sample taken from more than one spot?Was this sample taken from more than one spot?
Yes No	Yes No Yes No
Depth (inches):	Depth (inches): Depth (inches):
Was sample location less than 5 feet away from house or building?	Was sample location less than 5Was sample location less than 5feet away from house or building?feet away from house or building?
Yes No Not Sure	Yes No Not Sure Yes No Not Sure
Was sample location less than 5	Was sample location less than 5 Was sample location less than 5
feet away from street?	feet away from street? feet away from street?
Yes No Not Sure	Yes No Not Sure Yes No Not Sure
Additional Information	
Age of the nearest structure:	Structure type: House Fence Shed Other:
Was structure painted before 1978?	Yes No Not Sure
Was structure painted with lead pain	t? Yes No Not Sure
Are there paint chips in the soil?	Yes No Not Sure
Are there pieces of brick/debris in the	e soil? Yes No Not Sure
Are you using any treated wood prod other treated wood (children's play-s	
If yes, was the wood there before	2003? Date:



CS 327406-E

U.S. Department of Health and Human Services Agency for Toxic Substances and Disease Registry

Additional Comments: