

APPENDIX F

SITE FORMS

AMERICAN TECHNOLOGIES, INC.
REPORT OF OCCUPATIONAL ACCIDENT, INJURY OR ILLNESS
INVESTIGATION

_____		_____	
Office or Site Location		Date of Report	
_____		_____	_____
Employee's Name		Sex	Birth Date
_____		_____	_____
Employee's Home Address (Street)		Employee No.	Soc.Sec.No.
_____		_____	_____
(City, State, Zip)		Home Telephone Number	
_____		_____	
Employee's Job Title		Wage Rate	Hrs Per Wk
_____		_____	_____
Date of Hire _____			
Date of Accident: _____		Time of Accident: _____	
Location of Accident: _____			
Description of Events of Accident:			

Type of injury or illness: _____

Part(s) of body affected (be specific): _____

Date injury or illness was reported: _____

Was this a fatality? Yes _____ No _____

Was employee admitted to hospital? Yes _____ No _____

Date employee returned to work: _____

Days lost from work: _____ Date Treated: _____

Name and Address of Treating Physician: _____

Name and Address of Hospital: _____

Diagnosis: _____

Treatment: _____

Was employee performing his normal job duties at the time of the accident? (If not, explain)

Was employee trained in task being performed? _____

Type of training received by employee:

IS TRAINING CURRENT?

Years experience in present job: _____

Years with ATI: _____

Hours of sleep prior to work: _____

ENVIRONMENTAL CONDITIONS CONTRIBUTING TO ACCIDENT:

Unsafe conditions contributing to accident:

Unsafe acts contributing to accident: _____

WERE ANY OTHER EMPLOYEES INVOLVED IN ACCIDENT? EXPLAIN:

Property _____ Damaged:

WAS EMPLOYEE WEARING ALL REQUIRED PPE? (IF NOT, EXPLAIN):

WERE THERE ANY DEVIATIONS FROM OPERATING PROCEDURES? (IF SO, EXPLAIN): _____

Will operating procedures be revised as a result of this accident? (If so, explain)

ACTIONS TAKEN TO PREVENT RECURRENCE:

WITNESS(ES):

WITNESS STATEMENTS (ATTACH SEPARATE SHEETS IF NECESSARY):

IS INJURED PARTY AN ATI EMPLOYEE? _____

Did accident occur on ATI Property or ATI-controlled site? _____

Project Name and Number _____

Type of Accident: Near Miss ___ **Injury** ___ **Illness** ___ **Property Damage** ___

Accident Costs (If not known, estimate and update later when exact figures are known. This section is to be completed by the Site Supervisor):

- Transportation to treatment facility _____
- Medical costs for initial treatment _____
- Follow-up or long-term medical costs _____
- Injured employee's lost time _____
- Time lost from work stoppage, at time of accident _____
- Time lost of employees involved in investigation _____
- Cost of hiring/training replacement employee _____
- Property Damage Amount _____
- Cost of Replacement Equipment _____

Cost of Rental Equipment while repairs are made _____
Cost of training employees to use new equipment _____

Other accident related costs (Specify): _____

TOTAL ACCIDENT COSTS: \$ _____

OTHER COMMENTS OR APPLICABLE INFORMATION:

Employee Signature _____ Date _____

Site Safety and Health Officer _____ Date _____

Supervisor's Signature _____ Date _____

Site Supervisor's Signature _____ Date _____

Project Manager's Signature _____ Date _____



DEPARTMENT OF THE TREASURY - BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

LICENSE/PERMIT (18 U.S.C. CHAPTER 40, EXPLOSIVES)

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 55), you may engage in the activity specified in this license/permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. See "WARNING" and "NOTICES" on back.

DIRECT ATF CORRESPONDENCE TO	CHIEF, NATIONAL LICENSING CENTER ATF, P.O. Box 2994 Atlanta, GA 30301-2994	LICENSE/PERMIT NUMBER 1-TN-001-20-4L-12360
NAME	OES & ATI	EXPIRATION DATE November 1, 2004
TYPE OF LICENSE OR PERMIT	20-MANUFACTURER OF HIGH EXPLOSIVES	Placees Address 142 FAIRBANKS RD OAK RIDGE, TN 37830-0000
CHIEF, NATIONAL LICENSING CENTER		
PURCHASING CERTIFICATION I certify that this is a true copy of a license/permit issued to me to engage in the activity specified.		LICENSEE OR PERMITEE MAILING ADDRESS-
		ORDNANCE EXPLOSIVES ENVIRONMENTAL SERVICES OES & ATI 142 FAIRBANKS RD OAK RIDGE, TN 37830-0000
The licensee/permittee named herein shall use a reproduction of this license/permit to assist a transferor of explosives to verify the identity and status of the licensee/permittee as provided in 27 CFR Part 55. The signature on each reproduction must be an ORIGINAL signature.		

ATF F 5400.14/5400.15, Part 1 (8/89)

Please include your license/permit number on all correspondence with the Bureau.

WARNING

This license/permit does not confer the right or privilege to conduct explosives related activities contrary to State or of any other law. No person may ship, transport, or receive any explosive materials covered by Title XI of the Organized Crime Control Act of 1970 in interstate or foreign commerce who (1) is under indictment for, or has been convicted in any court of, a crime punishable by imprisonment for a term exceeding 1 year, (2) is a fugitive from justice, (3) is an unlawful user of, or addicted to, marijuana or any depressant or stimulant drug, or narcotic drug (as these terms are defined in the Controlled Substances Act; 21 U.S.C. 802), or (4) has been adjudicated as a mental defective or has been committed to a mental institution.

NOTICE

Any changes in name, trade name, address, or control of this business or activity must be PROMPTLY reported to the Chief, National Licensing Center from whom this license/permit was received. Failure to do so may result in administrative action against the licensee/permittee for failure to comply with applicable regulations.

Any person who fails to make application for renewal of this license/permit prior to the expiration date shown on the front is prohibited from engaging in the activity authorized at the time of issuance. If a renewal application is not received 30 days before the expiration date, the licensee/permittee should contact the Chief, National Licensing Center. Note, however, that the User-Limited permits are not renewable.

Explosive materials must be stored in conformance with requirements set forth in 27 CFR, Part 55. It is unlawful for any person to store any explosive materials in a manner not in conformity with these regulations.

This license/permit is conditional upon your compliance with the Federal Water Pollution Control Act Amendments of 1972, 33 U.S.C. § 1341 (a).

TO REPORT LOST OR STOLEN EXPLOSIVES, YOU MUST IMMEDIATELY NOTIFY ATF:
CALL TOLL FREE - (800) 800-3855

LICENSE MUST BE POSTED AND KEPT AVAILABLE FOR INSPECTION (27 CFR 55.101)

ATF F 5400.14/5400.15, Part 1 (8-89)

ATI CHEMICAL INVENTORY FORM

Site Name: _____

Site Safety Officer: _____

Work Area: _____

Date Prepared: _____

Storage Area: _____

Chemical Name	CAS# / Product#	Manufacturer	Supplier	Total Quantity Stored	Intact Label

	DAILY ACTIVITY REPORT	Report Number:	Project Name:
	Contract Number:		
	Delivery Order:	Date:	

1.1 EQUIPMENT USED TODAY				PERSONNEL HOURS			
EQUIPMENT CATEGORY	NO.	DOWN-TIME HOURS	DAYS CHARGED	EMPLOYEE	CO.	POSITION	HOURS
SAFETY/FIRE EQUIPMENT/PPE					OES	Sr. UXO Sup.	
GA-52 CX							
MG-230 MAGNETIC GRADIOMETER							
RENTAL CAR							
HAND TOOLS/SHOVELS							
CELLULAR PHONE							
DEMOLITION EQUIPMENT							
EXPOSURE DATA			TOTAL FOR THIS DATE	CUMULATIVE TOTAL FROM PREVIOUS REPORT		TOTAL TO DATE FROM START OF PROJECT	
MANHOURS ON SITE (INCLUDING MOB/DEMOB)							
VEHICLE MILEAGE (INCLUDE BOTH POV AND RENTAL CAR)							
FLYING HOURS							
NUMBER OF FLIGHTS							

IMPORTANT TELEPHONE CONVERSATIONS

TIME	PERSON CALLING	RECEIVED BY	TELEPHONE NUMBER	TOPIC OF DISCUSSION	CONVERSATION RECORD ATTACHED?

SITE VISITORS

NAME	REPRESENTING	PURPOSE OF VISIT	TIME ARRIVED	TIME DEPARTED

PRECIPITATION LAST 24 HOURS (from 0600) (INCHES):	TEMPERATURE (deg F) Minimum: Maximum:	WEATHER CONDITIONS: CUMULATIVE DAYS LOST DUE TO WEATHER: ____ Days
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Verbal instructions given by the client:

Has anything developed which might lead to a change order or claim? YES NO If YES, Explain.

NOTE: Official Notification of Claim must be made to the Contracting Officer by separate correspondence.

ORDNANCE DISPOSAL RECORD

LOCATION	TYPE OF UXO	COMMENTS

SAFETY ACTIONS TAKEN TODAY: Tailgate Safety Brief given this morning. See Document of Training Form.

List any Additional Safety Training Conducted:

List Safety Inspections Conducted (Type, Result and Inspector): _____

Was Personnel Exposure Monitoring Conducted? If YES, Type and Instrument(S): _____

Were there any loss time accidents this date? If YES, Attach Accident Report Form): _____

Was Excavation Work Performed? _____

Was Demolition Work Performed? _____

Was Hazardous Material/Waste Released into the Environment? _____

QUALITY CONTROL CHECKS

A COMPLETE AUDIT COVERING ALL ITEMS MUST BE PERFORMED AT LEAST WEEKLY:

1. EQUIPMENT CALIBRATION CHECKS: YES / NO REMARKS: _____ (PASS, FAIL, ETC.)

2. EQUIPMENT OPERATOR MAINTENANCE: YES / NO REMARKS: _____ (PASS, FAIL, ETC.)

3. PPE: YES / NO REMARKS: _____

4. UXO TASKS: YES / NO REMARKS: _____
(Surface Clearance Procedures/UXO ID)

5. MAGNETOMETER SWEEP EFFECTIVENESS: YES / NO REMARKS: _____
(Must cover at least 10% of each Grid)

6. MAINTENANCE OF LOGBOOKS: YES / NO REMARKS: _____

7. PROPERTY ACCOUNTABILITY: YES / NO REMARKS: _____

GENERAL COMMENTS (Include any delays in work progress):

CERTIFICATION AND SIGNATURE

On behalf of ATI/OES, I certify that this report is complete and correct, and to the best of my knowledge, all equipment and materials used and work performed during this reporting period are in compliance with the contract and specifications except as noted above.

SIGNATURE: _____ DATE: _____
, Senior UXO Supervisor



**DAILY PREVENTIVE MAINTENANCE
FOR JOHN DEERE GATORS**

Check The Following Items Daily.	Operator Initial Daily			
1. Engine Oil Level				
2. Radiator Cooling Screens and Filters are Clean				
3. Drive Belt				
4. Battery Connection				
5. Engine Compartment is Clear of Debris				
6. Radiator Water Level				
7. Check and Change Flat Tire(s)				
8. Clean Rubber Dust Unloading Valve				
9. Required Equipment is Loaded on the Gator				

At least weekly - Check the carburetor air intake is clean. _____

Noted deficiencies - inoperable components:

PHOTOGRAPHIC LOG

CONTRACT / DO #: _____ NAME OF PHOTOGRAPHER: _____

WORK SITE: _____ FILM TYPE: _____

LOCATION: _____ NO. OF PRINTS: _____

DATE	SUBJECT / DESCRIPTION	LOCATION	PHOTO NUMBER	REMARKS
			1	
			2	
			3	
			4	
			5	
			6	
			7	
			8	
			9	
			10	
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			34	
			35	
			36	



CUSTOMER ACTION REQUEST (CAR) RECORD

See Reverse for Completion Instructions

DATE: _____ PROJECT SITE: _____

CUSTOMER: _____

ACTION REQUESTED: _____

REQUEST RECEIVED VERBALLY: YES () NO ()
IF YES, HAVE THE CUSTOMER READ THE ABOVE 'ACTION REQUESTED' AND INITIAL TO CONFIRM WHAT HAS BEEN WRITTEN, IS IN FACT, WHAT IS DESIRED.
IF NO, ATTACH WRITTEN DOCUMENT TO THIS CAR.

DETERMINE VALIDITY OF THE REQUESTED ACTION:

>REQUESTED ACTION WILL CORRECT A CUSTOMER OBSERVED NONCONFORMANCE:
YES () NO ()
>REQUESTED ACTION IS WITHIN THE SCOPE OF WORK: YES () NO ()

DISCUSS REQUESTED ACTION: _____

DETAIL CORRECTIVE ACTION TO BE APPLIED: _____

FOLLOW-UP TO BE CONDUCTED BY QC SPECIALIST:

DATE: _____ CUSTOMER REPRESENTATIVE: _____

CORRECTIVE ACTION HAS BEEN APPLIED: YES () NO ()

- IF YES, IS THE CUSTOMER SATISFIED WITH THE CORRECTIVE ACTION(S) THAT HAVE BEEN APPLIED: YES () NO ()**
- IF NO, DETERMINE WHY CORRECTIVE ACTION(S) HAVE NOT BEEN APPLIED AND DOCUMENT SAME.**

Instructions for Completion

A CAR will be completed, by OES's senior person on-site, every time a Customer expresses dissatisfaction with on-site activities.

Date: Enter the date the customer's request was received.

Project Site: Enter the project site's name.

Customer: Enter the organization and the individual's name making the request.

Action Requested: Enter *specific, detailed* remarks about the requested action.

Request Received Verbally: Check appropriate (). Self-explanatory.

Determine Validity: Check appropriate ().

Discuss Requested Action: Enter the background relative to the request. If this is in response to an observed nonconformance, detail why the nonconformance occurred. A root cause analysis will be conducted. If the space provided here is insufficient, attach plain bond paper and number pages consequentially.

Detail Corrective Action to be Applied: Enter the results of the root cause analysis and the corrective action that will prevent the nonconformance from reoccurring.

Follow-up by the QC Specialist:

Date: Enter date follow-up conducted.

Customer Representative: Enter individual's name.

Corrective Action Applied: Marked appropriate (). If the response is “NO”, document on plain bond paper and attach to this report.

Distribution of completed form:

- 1 - Project Manager
- 1 - Quality Manager
- 1 - On-site contract file
- 1 - QC Specialist (active QC file)



QUALITY CONFORMANCE INSPECTION (QCI) RECORD
See Reverse for Completion Instructions

DATE: _____ **PROJECT SITE:** _____

QC SPECIALIST: _____

TASK INSPECTED: _____

SCHEDULED INSPECTION () **REINSPECTION ()**
DAILY () **WEEKLY ()** **OTHER ()** _____

RESULTS:
() **TASK IS BEING ACCOMPLISHED IN CONFORMANCE TO WP/SSHP.**
() **TASK IS NOT BEING ACCOMPLISHED IN CONFORMANCE TO WP/SSHP.**

THE NOTED NONCONFORMANCE IS AS FOLLOWS: _____

REINSPECTION:
TASK AND DATE OF NONCONFORMANCE BEING REINSPECTED:

RESULTS:
() **TASK IS BEING ACCOMPLISHED IN CONFORMANCE TO THE WP/SSHP.**
() **TASK IS NOT BEING ACCOMPLISHED IN CONFORMANCE TO WP/SSHP.**

THE RE-OCCURRING NONCONFORMANCE IS AS FOLLOWS:

INSTRUCTIONS FOR COMPLETION

A QCI record will be completed on each task inspected.

Date: Enter the date the inspection took place.

Project Site: Enter the project site's name.

QC Specialist: Name of the QC Specialist conducting the QCI.

Task Inspected: Enter the name of the task being inspected as per the QCI Schedule.

Scheduled Inspection: Place a "X" in the appropriate (). If Other is applicable, note the reason for the QCI.

Results:

Enter a "X" in the appropriate ().

If the task is in conformance, no other information is required on this form.

If the task is not in conformance, continue with the explanation in space provided.

Re-Inspection:

Date and Task being reinspected: Enter the date and pertinent task.

Results: Enter a "X" in the appropriate ().

If the task is still not in conformance, continue with the explanation in space provided.

Distribution of completed forms:

Conformances: 1- Project Manager
1 - On-site QC File (Inactive)

Nonconformances: 1 - Project Manager
1- Quality Manager
1 - On-site QC File (Active)

Reinspections: 1 - Project Manager
1 - Quality Manager
1 - On-Site QC File (Inactive) (if compliant)
(Active) (if noncompliant)

**AMERICAN TECHNOLOGIES, INC.
DOCUMENTATION OF TRAINING**

Training Course Name: _____
(General, UXO Equipment, Visitor, Special)

Presented By: _____ **Date:** _____

Topics Discussed

Work Plan/SSHP/APP: _____

UXO/OE Hazards: _____

Chemical Hazards: _____

Physical Hazards: _____

Emergency Procedures: _____

Other: _____

Attendees

PRINTED NAME
DATE

SIGNATURE

Trainer: _____ **Date:** _____

WEEKLY SAFETY CHECKLIST

Location: _____ Site: _____		
Description	Findings	Remarks
1. Personal Protection (PPE) per SSHP/APP	Pass/Fail	
2. Work Practices Follow SSHP/APP	Pass/Fail	
3. Site Control/Decon per SSHP/APP	Pass/Fail	
4. Eyewash Station(s)	Pass/Fail	
5. First Aid Kit(s)	Pass/Fail	
6. Fire Extinguisher(s)	Pass/Fail	
7. Monitoring Equipment	Pass/Fail	
8. Calibration	Pass/Fail	
9. Communications	Pass/Fail	
10. Overall Cleanliness of Site	Pass/Fail	
11. Other _____	Pass/Fail	
Printed Name: _____ Signature: _____ Date: _____ REMARKS: _____ _____ _____		



American Technologies, Inc.

DEMO TEAM DAILY JOURNAL

DATE:	Location:	CONTRACT:
SUPERVISOR:		APM:

	DETONATORS, NONELECTRIC	DETONATORS, ELECTRIC	SAFETY FUSE	IGNIT ERS, FUSE	PRIMA CORD	CHARGES, SHAPED
EXPLOSIVES DRAWN						
EXPLOSIVES RETURNED						
EXPLOSIVES EXPENDED						

I certify that these explosives were expended for demilitarizing ordnance.

Signature: _____

ITEM LOCATION	Item #	Nomenclature	QTY	COMMENTS

COMMENTS:

Signature: _____



**MOTOR VEHICLE INSPECTION
FOR TRANSPORTING EXPLOSIVE MATERIALS**

DATE: _____

VEHICLE #: _____

VEHICLE OPERATOR: _____

1	No part of the fuel system shall project beyond the overall width of the motor vehicle.	GO	NO GO
2	The fuel line sediment trap shall be made of metal or plastic.	GO	NO GO
3	The exhaust pipe shall be effectively shielded or remote from the fuel tank and cargo floor.	GO	NO GO
4	Only hot water heater and defrost systems with fresh air circulation shall be used.	GO	NO GO
5	Rear view mirror shall be mounted on each side of the cab.	GO	NO GO
6	Two electric or air operated windshield wipers and washers shall be provided.	GO	NO GO
7	Only life long antifreeze shall be used.	GO	NO GO
8	The carburetor air filter element shall be noncombustible and designed to diminish and deflect back-fire flame.	GO	NO GO
9	Tow hooks or towing connections should be provided at the front and the rear of the vehicle.	GO	NO GO
10	Other than in the cab and engine compartment, wiring shall be run in loom or shall be protected by enclosure in a sheath or tube. There should be no wiring or lights within the cargo compartment.	GO	NO GO
11	Storage battery, unless located in the engine compartment, shall be covered by a fixed part of the motor vehicle, or protected by a ventilated cover or enclosure. Protective boots shall be used over the terminals.	GO	NO GO
12	No attachments, such as spare tire carriers, shall be located where they will obstruct the entrance to, or exit from, either door of the cab.	GO	NO GO
13	Vehicle shall be fitted with lights, full-flash turn signals and markers, conforming with DOT regulations and state and local requirements.	GO	NO GO
14	Tires with inner tubes shall be fitted with a valve stem lock.	GO	NO GO
15	All electric circuits shall be equipped with DOT approved reflector type warning kits.	GO	NO GO
16	Recapped tires must not be used on the front wheels. May be used on dual rear wheels.	GO	NO GO

17	Equipped with fire extinguishers as follows: Less than 14,000 GVW - minimum of two fire extinguishers with total fire rating of at least 4-A:20-B:C.	GO	NO GO
18	Fire extinguishers located where they are accessible for immediate use.	GO	NO GO
19	Vehicle equipped with three bi-directional reflective triangles.	GO	NO GO
20	Vehicle is appropriately placarded on all four sides. Appropriate placard for this trip is _____	GO	NO GO
21	Complete First Aid Kit located in passenger compartment of vehicle.	GO	NO GO

INSTRUCTIONS FOR COMPLETION

This Inspection Checklist will be completed by the vehicle operator before every trip in which explosive materials are transported.

Date: Enter the date of the trip/inspection.

Vehicle #: Enter the VIN

Vehicle Operator: Enter the name of the operator/inspector.

GO NO GO: Circle appropriate response.

NOTE: A NO GO requires repair/replacement prior to departure.

Distribution of
completed form:

- (1) - Stays with the Vehicle
- (1) - Senior UXO Supervisor

COMPLETION INSTRUCTIONS:

EXAMPLE:

ID #	GRID LOCATION	NOMENCLATURE	FUZE DESCRIPTION	FUZE CONDITION	ALIGNMENT	PLACEMENT	COMMENTS
0001	3567 5379	155mm, HE, M107	PD, M235	Unarmed	NW	ME	For Disposal
0002	3567 5370	75mm, TP, M309	Dummy, M73	Inert	N	BS	For Venting

Grid Location: EAD – G001 (Grids will be identified on the south-east corner stake of each grid.

UXO Team: Each team leader will identify, by UXO Team One or UXO Team Two, the grids which they have completed.

ID # : UXO/OE and Sub-surface Anomalies will be identified, by numbers, starting from 0001 through 9999.
(Note: Individual fragments and UXO related scrap items will not be recorded, but the type of scrap located within the grid will be noted in the remarks section below.

GRID LOCATION: The eight digit GPS coordinate will be entered.

NOMENCLATURE: Enter the full nomenclature, if known.

FUZE DESCRIPTION: The type/model of fuze, if known.

Fuze Condition: Enter the fuze condition (Armed, Unarmed or Unknown).

ALIGNMENT: The “Longitudinal Axis Orientation”,

Nose-to-Tail direction, of the item

recovered.
(N, NE, E, SE, S, SW,W, NW)

PLACEMENT: Placement refers to the items surface location. Enter one of the following
ME- Mostly Embedded, in the dirt or sand.
AS – Above Surface (Above the current high water level.).
BS - Bottom Surface (Below the current high water level).

COMMENTS: Any additional comments regarding the item (i.e. Separated for demil, round not fired, etc.).

REMARKS: Any additional remarks regarding the grid, scrap recovered or conditions



OPERATOR MAINTENANCE CHECKLIST FOR
SCHONSTEDT MODEL GA-52Cx MAGNETIC LOCATOR

Instrument Serial Number _____ Operator _____ Date __

Pre-Operational Check

Step	Activity
1	Check Storage Case for physical damage.
2	Open the Storage Case and inspect the instrument for damage.
3	Remove Electronic Unit Cover by removing the two knurled nuts and sliding off the cover. Install two alkaline 9V batteries in the battery holders. Note: When replacing the batteries, hold the instrument by the metal chassis to avoid any contact with the printed circuit board and its components.
4	Replace Electronic Unit Cover and secure with the two knurled nuts.
5	Turn instrument on with the ON-OFF/SENSITIVITY switch.
6	Set instrument on Position 2, which is considered the "Normal Operating Range".
7	Adjust Volume with the volume control knob.
8	Verify the instrument is functioning.
9	Verify extra set of batteries in storage case.
10	Take instrument to test grid for daily pre-op check.

Test Grid Results: Pass Fail (Circle appropriate response)

During Use Maintenance

During use, the operator is responsible for keeping the instrument as clean and dry as possible.
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Post Use Maintenance

Step	Activity
1	Verify instrument is turned off.
2	Clean and wipe off instrument.
3	Open Electronic Unit Cover and remove batteries. See above note.
4	Properly store batteries.
5	Replace the Electronic Unit Cover.
6	Place the instrument in the storage case.
7	Return storage case to proper storage area.

List any problems associated with the instrument: _____

MOTOR VEHICLE INSPECTION (TRANSPORTING HAZARDOUS MATERIALS)											
<i>(Read Instructions before completing this form.)</i>											
This form applies to all vehicles which must be marked or placarded in accordance with Title 49 CFR.						1. GOVERNMENT BILL OF LADING/TRANSPORTATION CONTROL NUMBER					
SECTION 1 - DOCUMENTATION				ORIGIN a.				DESTINATION b.			
2. CARRIER/GOVERNMENT ORGANIZATION											
3. DATE/TIME OF INSPECTION											
4. LOCATION OF INSPECTION											
5. OPERATOR(S) NAME(S)											
6. OPERATOR(S) LICENSE NUMBER(S)											
7. MEDICAL EXAMINER'S CERTIFICATE*											
8. <i>(X if satisfactory at origin)</i>										9. CVSA DECAL DISPLAYED ON COMMERCIAL EQUIPMENT*	
a. MILITARY HAZMAT ENDORSEMENT		d. ERG OR EQUIVALENT COMMERCIAL:		YES		NO				YES NO	
b. VALID LEASE*		e. DRIVER'S VEHICLE INSPECTION REPORT*				a. TRUCK/TRACTOR					
c. ROUTE PLAN		f. COPY OF 49 CFR PART 397				b. TRAILER					
SECTION II - MECHANICAL INSPECTION											
<i>All items shall be checked on empty equipment prior to loading. Items with an asterisk shall be checked on all incoming loaded equipment.</i>											
10. TYPE OF VEHICLE(S)						11. VEHICLE NUMBER(S)					
12. PART INSPECTED <i>(X as applicable)</i>		ORIGIN (1)		DESTINATION (2)		ORIGIN (1)		DESTINATION (2)		COMMENTS (3)	
		SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT		
a. SPARE ELECTRICAL FUSES						k. EXHAUST SYSTEM					
b. HORN OPERATIVE						l. BRAKE SYSTEM*					
c. STEERING SYSTEM						m. SUSPENSION					
d. WINDSHIELD/WIPERS						n. COUPLING DEVICES					
e. MIRRORS						o. CARGO SPACE					
f. WARNING EQUIPMENT						p. LANDING GEAR*					
g. FIRE EXTINGUISHER*						q. TIRES, WHEELS, RIMS					
h. ELECTRICAL WIRING						r. TAILGATE/DOORS*					
i. LIGHTS AND REFLECTORS						s. TARPULIN*					
j. FUEL SYSTEM*						t. OTHER <i>(Specify)</i>					
13. INSPECTION RESULTS <i>(X one)</i> ACCEPTED <input type="checkbox"/>						REJECTED <input type="checkbox"/>					
<i>(If rejected give reason under "Remarks". Equipment will be approved if deficiencies are corrected prior to loading.)</i>											
14. SATELLITE MOTOR SURVEILLANCE SYSTEM: <i>(X one)</i> ACCEPTED <input type="checkbox"/>						REJECTED <input type="checkbox"/>					
15. REMARKS											
16. INSPECTOR SIGNATURE <i>(Origin)</i>						17. INSPECTOR SIGNATURE <i>(Destination)</i>					
SECTION III - POST LOADING INSPECTION											
This section applies to Commercial and Government/Military vehicles. All items will be checked prior to release of loaded equipment and shall be checked on all incoming loaded equipment.						ORIGIN (1)		DESTINATION (2)		COMMENTS (3)	
						SAT	UNSAT	SAT	UNSAT		
18. LOADED IAW APPLICABLE SEGREGATION/COMPATIBILITY TABLE OF 49 CFR											
19. LOAD PROPERLY SECURED TO PREVENT MOVEMENT											
20. SEALS APPLIED TO CLOSED VEHICLE; TARPULIN APPLIED ON OPEN EQUIPMENT											
21. PROPER PLACARDS APPLIED											
22. SHIPPING PAPERS/DD FORM 836 FOR GOVERNMENT VEHICLE SHIPMENTS											
23. COPY OF DD FORM 626 FOR DRIVER											
24. SHIPPED UNDER DOT EXEMPTION 868											
25. INSPECTOR SIGNATURE <i>(Origin)</i>						26. DRIVER(S) SIGNATURE <i>(Origin)</i>					
27. INSPECTOR SIGNATURE <i>(Destination)</i>						28. DRIVER(S) SIGNATURE <i>(Destination)</i>					

INSTRUCTIONS

SECTION I - DOCUMENTATION

General Instructions.

All items (2 through 9) will be checked at origin prior to loading. Items with an asterisk (*) apply to commercial operators or equipment only. Only Items 2 through 7 are required to be checked at destination.

Items 1 through 5. Self explanatory.

Item 6. Enter operator's Commercial Driver's License (CDL) number or Military OF-346 License Number. CDL and OF-346 must have the HAZMAT and other appropriate endorsements IAW Part 383.

Item 7. *Enter the expiration date listed on the Medical Examiner's Certificate.

Item 8.a. APPLIES TO MILITARY OPERATORS ONLY. Military Hazardous Materials Certification. In accordance with applicable service regulations, ensure operator has been certified to transport hazardous materials.

b. *Valid Lease. Shipper will ensure a copy of the appropriate contract of lease is carried in all leased vehicles and is available for inspection. (Defense Transportation Regulation (DTR) requirement.)

c. Route Plan. Prior to loading any Hazard Class/Division 1.1, 1.2, or 1.3 (Explosives) for shipment, ensure that the operator possesses a written route plan in accordance with 49 CFR Part 397. Route Plan requirements for Hazard Class 7 (Radioactive) materials are found in 49 CFR 397.101.

d. Emergency Response Guidebook (ERG) or Equivalent. Commercial operators must be in possession of an ERG or equivalent document. Shipper will provide applicable ERG page(s) to military operators.

e. *Driver's Vehicle Inspection Report. Review the operator's Vehicle Inspection Report. Ensure that there are no defects listed on the report that would affect the safe operation of the vehicle.

f. Copy of 49 CFR Part 397. Operators are required by regulation to have in their possession a copy of 49 CFR Part 397 (Hazardous Materials Driving and Parking Rules). If military operators do not possess this document, shipper may provide a copy to operator.

Item 9. *Commercial Vehicle Safety Alliance (CVSA) Decal. Check to see if equipment has a current CVSA decal and mark applicable box. Vehicles without CVSA, check documentation of the last vehicle periodic inspection.

SECTION II - MECHANICAL INSPECTION

General Instructions.

All items (12.a. through 12.t.) will be checked on all incoming empty equipment prior to loading. All UNSATISFACTORY conditions must be corrected prior to loading. Items with an asterisk (*) shall be checked on all incoming loaded equipment. Unsatisfactory conditions that would affect the safe off-loading of the equipment must be corrected prior to unloading.

SECTION II (Continued)

Item 12.a. Spare Electrical Fuses. Check to ensure that at least one spare fuse for each type of installed fuse is carried on the vehicle as a spare or vehicle is equipped with an overload protection device (circuit breaker). (49 CFR 393.95)

b. Horn Operative. Ensure that horn is securely mounted and of sufficient volume to serve purpose. (49 CFR 393.81)

c. Steering System. The steering wheel shall be secure and must not have any spokes cracked through or missing. The steering column must be securely fastened. Universal joints shall not be worn, faulty or repaired by welding. The steering gear box shall not have loose or missing mounting bolts or cracks in the gear box mounting brackets. The pitman arm on the steering gear output shaft shall not be loose. Steering wheel shall turn freely through the limit of travel in both directions. All components of a power steering system must be in operating condition. No parts shall be loose or broken. Belts shall not be frayed, cracked or slipping. The power steering system shall not be leaking. (49 CFR 396 Appendix G)

d. Windshield/Wipers. Inspect to ensure that windshield is free from breaks, cracks or defects that would make operation of the vehicle unsafe; that the view of the driver is not obscured and that the windshield wipers are operational and wiper blades are in serviceable condition. Defroster must be operative when conditions require. (49 CFR 393.60, 393.78 and 393.79)

e. Mirrors. Every vehicle must be equipped with two rear vision mirrors located so as to reflect to the driver a view of the highway to the rear along both sides of the vehicle. Mirrors shall not be cracked or dirty. (49 CFR 393.80)

f. Warning Equipment. Equipment must include three bidirectional emergency reflective triangles that conform to the requirements of FMVSS No. 125. FLAME PRODUCING DEVICES ARE PROHIBITED. (49 CFR 393.95)

g. Fire Extinguisher. Military vehicles must be equipped with two serviceable fire extinguishers with an Underwriters Laboratories rating of 10 BC or more. (Commercial motor vehicles must be equipped with one serviceable 10 BC Fire Extinguisher). Fire extinguisher(s) must be located so that it is readily accessible for use and securely mounted on the vehicle. The fire extinguisher must be designed, constructed and maintained to permit visual determination of whether it is fully charged. (49 CFR 393.95)

h. Electrical Wiring: Electrical wiring must be clean and properly secured. Insulation must not be frayed, cracked or otherwise in poor condition. There shall be no uninsulated wires, improper splices or connections. Wires and electrical fixtures inside the cargo area must be protected from the lading. (49 CFR 393.28, 393.32, 393.33)

INSTRUCTIONS

SECTION II (Continued)

i. Lights/Reflectors. (Head, tail, turn signal, brake, clearance, marker and identification lights, Emergency Flashers). Inspect to see that all lighting devices and reflectors required are operable, of proper color and properly mounted. Ensure that lights and reflectors are not obscured by dirt or grease or have broken lenses. High/Low beam switch must be operative. Emergency Flashers must be operative on both the front and rear of vehicle. (49 CFR 393)

j. Fuel System. Inspect fuel tank and lines to ensure that they are in serviceable condition, free from leaks, or evidence of leakage and securely mounted. Ensure that fuel tank filler cap is not missing. Examine cap for defective gasket or plugged vent. Inspect filler necks to see that they are in completely serviceable condition and not leaking at joints. (49 CFR 393.83 and 396 Appendix G)

k. Exhaust System. Exhaust system shall discharge to the atmosphere at a location to the rear of the cab or if the exhaust projects above the cab, at a location near the rear of the cab. Exhaust system shall not be leaking at a point forward of or directly below the driver compartment. No part of the exhaust system shall be located where it will burn, char or damage electrical wiring, fuel system or any other part of the vehicle. No part of the exhaust system shall be temporarily repaired with wrap or patches. (49 CFR 393.83 and 396 Appendix G)

l. Brake System (to include hand brakes, parking brakes and Low Air Warning devices). Check to ensure that brakes are operational and properly adjusted. Check for audible air leaks around air brake components and air lines. Check for fluid leaks, cracked or damaged lines in hydraulic brake systems. Ensure that parking brake is operational and properly adjusted. Low Air Warning devices must be operative. (49 CFR 396 Appendix G)

m. Suspension. Inspect for indications of misaligned, shifted or cracked springs, loosened shackles, missing bolts, spring hangers unsecured at frame and cracked or loose U-bolts. Inspect for any unsecured axle positioning parts, and sign of axle misalignment, broken torsion bar springs (if so equipped). (49 CFR 396 Appendix G)

n. Coupling Devices (Inspect without uncoupling). Fifth Wheels: Inspect for unsecured mounting to frame or any missing or damaged parts. Inspect for any visible space between upper and lower fifth wheel plates. Ensure that the locking jaws are around the shank and not the head of the kingpin. Ensure that the release lever is seated properly and safety latch is engaged. Pintle Hook, Drawbar, Towbar Eye and Tongue and Safety Devices: Inspect for unsecured mounting, cracks, missing or ineffective fasteners (welded repairs to pintle hook is prohibited). Ensure safety devices (chains, hooks, cables) are in serviceable condition and properly attached. (49 CFR 396 Appendix G)

o. Cargo Space. Inspect to ensure that cargo space is clean and free from exposed bolts, nuts, screws, nails or inwardly projecting parts that could damage the lading. Check floor to ensure it is tight and free from holes. Floor shall not be permeated with oil or other substances. (49 CFR 177.815(e)(1) and 398.94)

p. Landing Gear. Inspect to ensure that landing gear and assembly are in serviceable condition, correctly assembled, adequately lubricated and properly mounted.

SECTION II (Continued)

q. Tires, Wheels and Rims: Inspect to ensure that tires are properly inflated. Flat or leaking tires are unacceptable. Inspect tires for cuts, bruises, breaks and blisters. Tires with cuts that extend into the cord body are unacceptable. Thread depth shall not be less than: 4/32 inches for tires on a steering axle of a power unit, and 2/32 inches for all other tires. Mixing bias and radial on the steering axle is prohibited. Inspect wheels and rims for cracks, unseated locking rings, broken, loose, damaged or missing lug nuts or elongated stud holes. (49 CFR 396 Appendix G)

r. Tailgate/Doors. Inspect to see that all hinges are tight in body. Check for broken latches and safety chains. Doors must close securely. (49 CFR 177.835(h))

s. Tarpaulin. If shipment is made on open equipment, ensure that lading is properly covered with fire and water resistant tarpaulin. (49 CFR 177.835(h))

t. Other Unsatisfactory Condition. Note any other condition which would prohibit the vehicle from being loaded with hazardous materials.

Item 14. For AA&E and other shipments requiring satellite surveillance, ensure that the Satellite Motor Surveillance System is operable. Shipper will instruct the driver to send a "test" emergency message to DTTS by having the driver activate the "emergency (panic) button". Shipper will contact DTTS at 1-800-826-0794 to verify that test message was received. Message must be received by DTTS for system to be considered operational.

SECTION III - POST LOADING INSPECTION

General Instructions.

All items will be checked prior to the release of loaded equipment. Shipment will not be released until deficiencies are corrected. All items will be checked on incoming loaded equipment. Deficiencies will be reported in accordance with applicable service regulations.

Item 18. Check to ensure shipment is loaded in accordance with 49 CFR Part 177.848 and the applicable Segregation or Compatibility Table of 49 CFR 177.848.

Item 19. Check to ensure the load is secured from movement in accordance with applicable service outload drawings.

Item 20. Check to ensure seal(s) have been applied to closed equipment; fire and water resistant tarpaulin applied on open equipment.

Item 21. Check to ensure each transport vehicle has been properly placarded in accordance with 49 CFR Part 172 Subpart F.

Item 22. Check to ensure operator has been provided shipping papers that comply with 49 CFR Part 172 Subpart C. For shipments transported by Government vehicle, shipping paper will be DD Form 836.

Item 23. Ensure operator(s) sign DD Form 626, are given a copy and understand the hazards associated with the shipment.

Item 24. Applies to Commercial Shipments Only. If shipment is made under DOT Exemption 868, ensure that shipping papers are properly annotated and copy of Exemption 868 is with shipping papers.

EMERGENCY TELEPHONE NUMBERS
(TO BE POSTED IN EACH VEHICLE AND AT EACH WORK SITE)

ACCIDENT/INJURY:

FIRE/EXPLOSION:

WORK SITE ACCESS

**LOST, STOLEN, or UNAUTHORIZED USE OF
EXPLOSIVE MATERIALS**

SPILL and DISCHARGE RESPONSE PROCEDURES

In the event of a spill, all steps necessary to contain the spill will be taken until clean up is finished. Spills will be contained using shovels or other means to scoop up the spill and place in on plastic sheeting or in plastic bags. Immediately notify the Sr. UXO Supervisor.



MAGAZINE DATA CARD

NOMENCLATURE: _____

EXEMPTION NO.: _____ MANUFACTURER ID NO.: _____

DATE	ACTION TAKEN	QUANTITY RECEIVED	QUANTITY ISSUED	BALANCE	SIGNATURE

INSTRUCTIONS FOR COMPLETION

Two sets of this form will be maintained on each separate item. One will be maintained with the materials and the other in the project office.

Nomenclature: Nomenclature of item.

Exemption No.: Exemption number of item, if applicable.

Manufacturer's ID No.: Manufacturer's ID number

Date: Enter date action is being completed.

- Action taken: INT REC -Initial Receipt from shipper
- ISSUED -Issued for Use
- RTS -Returned to Stock
- BCF -Balance Carried Forward

Quantity Received: Enter number of items received from shipper or returned to stock.

Quantity Issued: Enter number of items issued for use.

Balance: To be completed for each transaction.

Signature: Signature of the individual completing the transaction.

Last row on form should contain the entry BALANCE CARRIED FORWARD and the balance.

First row on a new form should contain the entry BALANCE BROUGHT FORWARD and the balance.