OFF-HIGHWAY EMERGENCY REMOVAL WORK LOG

Date(s) of Removal: _____ ERER # _____

Location of Removal: _____

Contractor: _____ Phone: _____

Contractor's Representative: _____

Time of Contractor Arrival: _____ Time of Equipment Arrival: _____

Description of Extent of Contamination: _____

Soil: _____

Water: _____

Structure: _____

Description of Removal Activities: _____

_____

EQUIPMENT USED	TIME		LABOR USED	TIME	
DECRIPTION	ARRIVE	DEPART	JOB CLASSIFICATION	ARRIVE	DEPART

MATERIALS USED		MATERIALS USED	
DESCRIPTION	NUMBER OF UNITS	DESCRIPTION	NUMBER OF UNITS

(USE ADDITIONAL SHEETS FOR THE ABOVE INFORMATION IF NEEDED)

QUANTITY OF HAZARDOUS MATERIALS REMOVED (IDENTIFICATION PROCEDURES, LAB RESULTS IF AVAILABLE): _____

_____

_____

REGISTERED HAULER USED: _____ HAULER NUMBER: _____

MATERIAL TRANSPORTED TO: _____ MANIFEST NUMBER: _____

TIME AND DATE JOB WAS COMPLETED: _____

REPORT BY: _____ AGENCY: _____