

Archaeological Fieldwork

Monitoring Form



Site [Site]
Project Type [Type] **DAR No** [DAR]
LPA [LPA] **PI. App. No.** [PI. App. No.]
Contractor [Contractor]
Date of Visit [Date]

		N/A	Yes	No
1	Has the specification/Project Design been accepted? Date Accepted: [Date]		<input type="checkbox"/>	<input type="checkbox"/>
2	Has the Health and Safety Risk Assessment been received?		<input type="checkbox"/>	<input type="checkbox"/>
3	Is the Project Manager present? Name: [Name]		<input type="checkbox"/>	<input type="checkbox"/>
4	Is the Project Officer present? Name: [Name]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Number of site assistants: [Number]	<input type="checkbox"/>		
6	Are the excavated areas in the agreed locations? If not, why? [Reason]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the new locations acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are all areas available for inspection? If not, why? [Reason]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are additional areas needed? If yes, why? [Reason]		<input type="checkbox"/>	<input type="checkbox"/>
9	Depth of uppermost archaeological horizon: Shallowest: [Measurement] Deepest: [Measurement]			
10	Has natural been proven? Depth of natural below present ground surface: Shallowest: [Measurement] Deepest: [Measurement]		<input type="checkbox"/>	<input type="checkbox"/>
	Is augering needed to locate natural?		<input type="checkbox"/>	<input type="checkbox"/>
11	Are there features that require sampling?		<input type="checkbox"/>	<input type="checkbox"/>
	If so, has sampling been conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	During the visit, did the monitor recommend that samples be taken?		<input type="checkbox"/>	<input type="checkbox"/>
12	Have human remains been found?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do they need removing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has a licence been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Were recording techniques monitored? If so, were these appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14	Has the Contractor kept to the specifications? If not, why? [Reason]		<input type="checkbox"/>	<input type="checkbox"/>
15	Is the work to standard? If not, why? [Reason]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Is there a need for further site visits? If so, when? [Date or time frame]		<input type="checkbox"/>	<input type="checkbox"/>

Summary of Site Meeting:

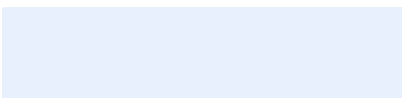
[Summary]

Further Comments:

[Comments]

Monitor's Name [Name] _____

Monitor's Position [Name] _____

Monitor's Signature  _____

Date [Date] _____

