

Archaeological Fieldwork Monitoring Form



Project..... DAR No.....

LPA..... Planning Application Number.....

Contractor.....

Date of Visit.....

	Yes	No
Specification/Project Design Accepted	<input type="checkbox"/>	<input type="checkbox"/>
Date Accepted		
Health and Safety Risk Assessment Received?	<input type="checkbox"/>	<input type="checkbox"/>

	Present	Not Present
Project Manager.....	<input type="checkbox"/>	<input type="checkbox"/>
Project Officer.....	<input type="checkbox"/>	<input type="checkbox"/>
Number of Site Assistants.....		

	Yes	No
Areas excavated IN specified locations	<input type="checkbox"/>	<input type="checkbox"/>

If not, why?.....

	Approved	not approved
New position	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	no
Were all areas available for inspection	<input type="checkbox"/>	<input type="checkbox"/>

If not, why?.....

	Yes	no
Additional areas needed?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, why?.....		
.....		

	Shallowest	deepest
Depth of material covering archaeological horizon
Depth below present ground surface of natural
	Yes	no
Has natural been proven	<input type="checkbox"/>	<input type="checkbox"/>
Is augering needed to locate natural?	<input type="checkbox"/>	<input type="checkbox"/>

	N/a	yes	no
Are there features requiring sampling?		<input type="checkbox"/>	<input type="checkbox"/>
Has this been done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the monitor recommend that samples should be taken during the visit?		<input type="checkbox"/>	<input type="checkbox"/>

	N/a	yes	no
Human remains present?		<input type="checkbox"/>	<input type="checkbox"/>
Do they need removing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so has a licence been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	N/a	yes	no
Were recording techniques monitored		<input type="checkbox"/>	<input type="checkbox"/>
If so are these appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes

No

Has the Contractor kept to the specifications?

If not why?.....
.....

Yes

No

Is the work to standard?

If not why?.....
.....

Summary of Site Meeting:

Further Comments:

Yes

No

Need for further Site Visits

If so when?.....

Monitors Name.....

Monitors Position.....

Monitors Signature.....Date.....

