

Checklist for Daily Instrument Checks

Project Name: _____

Project Location: _____

Reviewer's Name : _____

Date of Review: _____

Yes No N/A

a. Has the equipment been inventoried and inspected for damage or wear? _____ _____ _____

Description of Condition: _____

b. Has the operator been thoroughly examined with the geophysical instrument for any sources of response that may not be readily apparent? _____ _____ _____

c. Has the cable shake test been performed? _____ _____ _____
Replace: _____

d. Has the operator examined the effect that navigation equipment and/or towing vehicles has on the EM61 readings? _____ _____ _____

e. Has a static background test been performed and demonstrated <20 mV deviation in response over at least 3 minutes?

Start of day? _____ _____ _____

End of day? _____ _____ _____

Test item: _____ Location: _____

f. Has a static response test been performed and demonstrated <5% deviation in response from test to test?

Start of day? _____ _____ _____

End of day? _____ _____ _____

g. Has the repeat data been utilized to evaluate the following factors:

Repeatability of response amplitude? _____ _____ _____

Positional accuracy? _____ _____ _____