



MONITOR REPORT BCTS CHK-008A

Use of this form is to document observations from BCTS monitoring activities only.

Business Area: TKA	Field Team:	ORCS/ARCS File(s):	Date of Inspection:
Contract:	Geographic Location:	Project Name	
Contractor:	On-site Supervisor:		

Monitoring Operations, Activity Details and Status

Blocks <i>what blks visited:</i>	Activity Type	Operation/Activity Status:
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MONITORING COMMENTS e.g. what did you observe, who did you speak with, good practices, any issues, or concerns for follow-up.

Inspected by: _____	Received by: _____
Signature X: _____	Signature X: _____

I accept receipt of this monitoring report and am in agreement with the stated actions.

Attachment: Additional Pages <input type="checkbox"/> Photos <input type="checkbox"/> Maps <input type="checkbox"/> Correspondence <input type="checkbox"/> Incident Report <input type="checkbox"/> Other <input type="checkbox"/>	Date of Delivery to Licensee or Agent: _____ Next Planned Inspection Date: _____	Delivery Method: On-site <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/>
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