DAILY RECORDKEEPING LOG

Project Name:_____**Project Location:**_____**Date:**_____

Each time you visually check an area for dust control measure implementation, write the time in the shaded boxes at the top of the log and write a "Y", "N", or "NA", in all of the boxes below your recorded time.

Use the "Comments" column to record other pertinent information. For example, document the opacity of the fugitive dust or describe the corrective actions taken, such as placement of gravel for road cover or trackout control.

Time (indicate a.m. or p.m.)

1. Before Dust Generating Operations Occur

								Comments
A. Pre-watering to depth of cuts?								
B. Pre-watering stockpiled material?								
C. Work phased/Disturbance minimized?								
D. Water truck being operated?								
E. Water truck being filled?								
F. Other (specify in Comments column)								

2. During Dust Generating Operations

								Comments
A. Is visible dust present?								
B. Applying water?								
C. Applying dust suppressant(s) other than water?								
D. Fences or 3' – 5' high wind barriers with 50% porosity intact?								
E. Shut down operations?								
F. Checked control measures before leaving the work site for the day?								
G. Other (specify in Comments column)								

3. Unpaved Haul/Access Roads

								Comments
A. Is visible dust present?								
B. Observed vehicles travelling less than 15 miles per hour?								
C. Is road visibly moist?								
D. Is road covered with gravel, recycled asphalt, or other suitable material?								
E. Applying dust suppressant(s) other than water?								
F. Other (specify in Comments column)								

4. Loading, Unloading, And Storage Piles

								Comments
A. Is visible dust present?								
B. Pre-watering material?								
C. Water being applied during loading and unloading?								
D. Other (specify in Comments column)								

5. Trackout/Access Points

								Comments
A. Is trackout control device intact?								
B. Cleaned-up trackout?								
C. Other (specify in Comments column)								

6. Temporary Site Stabilization

								Comments
A. Applying water?								
B. Applying dust suppressant(s) other than water?								
C. Other (specify in Comments column)								

Total Number Of Gallons Applied:_____**Responsible Person's Signature And Title:**_____