



Project.....

DAR No.....

LPA.....

Planning Application No.....

Contractor.....

Date of Visit.....

	Yes	No
Specification/Project Design Accepted	<input type="checkbox"/>	<input type="checkbox"/>
Date Accepted .....	<input type="checkbox"/>	<input type="checkbox"/>
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 .....	.....	.....

The Glamorgan-Gwent Archaeological Trust Limited

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Tel: (01792)655208  
www.ggat.org.uk

Registered Office: As above  
Registered in Wales  
No.1276976

A company limited by guarantee  
without share capital

Registered charity  
No.505609



	Yes	No
Has natural been proven?	<input type="checkbox"/>	<input type="checkbox"/>
Is auguring needed to locate natural?	<input type="checkbox"/>	<input type="checkbox"/>

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	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"/>

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	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"/>

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	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"/>

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	Yes	No
Has the Contractor kept to the specifications?	<input type="checkbox"/>	<input type="checkbox"/>
If not, why?.....		
.....		

	Yes	No
Is the work to standard?	<input type="checkbox"/>	<input type="checkbox"/>
If not, why?.....		
.....		

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	Yes	No
Need for further Site Visits	<input type="checkbox"/>	<input type="checkbox"/>
If so, when?.....		

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**Summary of Site Meeting:**

**Further Comments:**

Monitors Name.....

Monitors Position.....

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