

FIELD ENVIRONMENTS LOG

Date of Inspection: _____ Field/Farm Name/#: _____

Inspector Name: _____ City, State: _____

Area Inspected	Yes	No	Corrective Action (if needed)
Gates locked			
Equipment checked			
Toilets cleaned			
Toilet supplies refilled			
Wash water checked			
Wash water refilled			
Toilet paper checked			
Toilet paper refilled			
Drinking water refilled			
Animal/Bird intrusion?			
Well checked			
Irrigation checked			
Crop transport checked			

Sheet reviewed by: _____ on _____
(Management) (Date)