

# On-site ground conditions assessment form

## 1. Site details

Site name: .....

Location: .....

Site address: .....

Postcode: .....

Site category:    Landfill                        Waste treatment      
                          Waste transfer                Supply                  
                          Construction                 Other .....

Site operator: .....

## 2. Contact details:

Name: .....

Position: .....

Email: .....

Phone: .....

## 3. Assessment ratings:

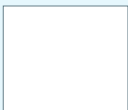
Assessment date: ..... Type (initial/update): .....

1. Approach angle:

3. Ruts and Bumps:

2. Material type:

4. Water:



### CLOCS site rating

*This will be the same as the lowest ground condition rating above.*