



Department of Energy

Department of Energy
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 Administrator

Geophysical WEEKLY Report

This report must be submitted on the date of program start up, completion, and every Monday before 12:00PM

| | |
|--|--------------------------|
| Program Name: | Program No.: |
| Date: | Crew Report for Week of: |
| Geophysical Company: | |
| From (name and number): | |
| Operator: | |
| Field Headquarters Location / Contact: | Cell #: |

| Status To Date | % Completed | Start Date | | | Completion Date | | |
|--|-------------|------------|-------|-----|-----------------|-------|-----|
| | | Year | Month | Day | Year | Month | Day |
| Cutting & Surveying (km.) | | | | | | | |
| Drilling & loading (No. of Shotholes) | | | | | | | |
| Recording (km.) | | | | | | | |

(Double Click selected box, then choose "Checked")

Are there any misfired or unexploded charges?
 (include line and shotpoint location and report to appropriate Departments) YES NO

Are there any flowing holes?
 (include line and shotpoint location and report to appropriate Departments) YES NO

Comments: