

5.7 Checklist for Daily Instrument Checks

Project Name: _____
 Project Location: _____
 Point of Contact: _____
 Equipment Source: _____
 Equipment Serial Numbers: _____
 Reviewer's Name and Title: _____
 Date of Review: _____

	Y	N	N/A
a. Has the operator been tested for presence of metal?	_____	_____	_____
b. Has the cable shake test been performed? (Replace faulty components if necessary)	_____	_____	_____
c. Has the sensor position been measured and recorded?	_____	_____	_____
d. Has instrument (EM only) been nulled?	_____	_____	_____
e. Has a static background test been performed and demonstrated <20% deviation in response over at least 3 minutes:			
• Start of day?	_____	_____	_____
• End of day?	_____	_____	_____
f. Has instrument response test been performed and demonstrated <20% deviation in response from test to test:			
• Start of day?	_____	_____	_____
• End of day?	_____	_____	_____
g. Has the operator been thoroughly examined with the geophysical instrument for any sources of response that may not be readily apparent?	_____	_____	_____
h. Has the repeat data been utilized to evaluate the following factors:			
• Repeatability of response amplitude?	_____	_____	_____
• Positional accuracy?	_____	_____	_____