

EMPLOYEE AUDIT

Employee Name:			Date:	Date:	
Audited On:	☐ Utility Locate	☐ Vacuum Excavation☐ Equipment		on Carsonite Installation Paperwork	
	Other (specify		Attendance		
LOCATION INFORMATION					
On Location For: 1-CALL REQUEST #:					
Township:	Range:	Section:	GPS: N	° W °	
				State:	
Was the task performed correctly? ☐ YES ☐ NO					
REMARKS / SOLUTIONS					
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PICTURES