Clegg Hammer Test Results Form

CAR REFERENCE No _____ **TARGET** _____

SITE ADDRESS _____

CIV	Depth (mm) *	Position along trench (not more than 5m apart)

CIV	Depth (mm) *	Position along trench (not more than 5m apart)

Recorded By: _____ **Date:** _____

* Depth Down to Surface Being Tested

IMPORTANT: Please attach a detailed location diagram showing exact locations of Clegg Testing

For Further Information please see: Table 1 p.30 "NATIONAL CODE OF PRACTICE FOR UTILITIES ACCESS TO THE TRANSPORT CORRIDORS"