



Sample ID (Your initials + 5-digit Zip code),  
i.e., for Jane Doe living in 30033, it's JD30033:

**To Be Completed By Researcher**  
 Log in Time:  
 Sample #1 Number:  
 Begin XRF Time:  
 Sample #2 Number:  
 Begin XRF Time:

**soilSHOP Log In Form**

Date (mm/dd/yyyy):  
 Email/Phone Number (to send your results):  
 \_\_\_\_\_

Closest Intersection \_\_\_\_\_  
 Closest Main Street \_\_\_\_\_

**Collection Information** (you can bring up to two samples)

<p><u>Sample #1</u></p> <p><b>Type of soil</b></p> <p><input type="checkbox"/> Original Soil – nothing amended from the native soil</p> <p><input type="checkbox"/> Amended (mulch, compost, etc.)</p> <p><input type="checkbox"/> Raised Bed</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Current or planned use:</b></p> <p><input type="checkbox"/> Garden</p> <p><input type="checkbox"/> Play Area</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Was this sample taken from more than one spot in a location?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Depth (inches):</b> _____</p> <p><b>Was the sample location less than 5 feet away from the nearest house or building?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not Sure</p> <p><b>Was the sample location less than 5 feet away from the nearest street?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not Sure</p>	<p><u>Sample #2</u></p> <p><b>Type of soil</b></p> <p><input type="checkbox"/> Original Soil – nothing amended from the native soil</p> <p><input type="checkbox"/> Amended (mulch, compost, etc.)</p> <p><input type="checkbox"/> Raised Bed</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Current or planned use:</b></p> <p><input type="checkbox"/> Garden</p> <p><input type="checkbox"/> Play Area</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Was this sample taken from more than one spot in a location?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Depth (inches):</b> _____</p> <p><b>Was the sample location less than 5 feet away from the nearest house or building?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not Sure</p> <p><b>Was the sample location less than 5 feet away from the nearest street?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not Sure</p>
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Age of the nearest structure: \_\_\_\_\_    Structure type:  House    Fence    Shed    Other

Was the structure painted before 1978?     Yes     No     Not Sure

Was the structure painted lead paint?     Yes     No     Not Sure

Are there paint chips in the soil?     Yes     No     Not Sure

Are there pieces of brick/debris in the soil?     Yes     No     Not Sure

Are you using any treated wood products, such as railroad ties or other treated wood (children's play-sets can contain treated wood).  
 No     Not Sure     Yes (if yes, was the wood there before 2003?)    Date: \_\_\_\_\_

Do you have any children?     Yes (how many? \_\_\_\_\_)     No

Can we send you information about future events?     Yes     No

How did you hear about this soilSHOP event?     Confluence    website    friends    other: \_\_\_\_\_

Additional Comments: