

Log in Time:

Sample #1 Number: Begin XRF Time:

Sample #2 Number:

Begin XRF Time:

soilSHOP Log In Fo	orm
Closest Intersection	

Sample #3 Number:

Begin XRF Time:

Zip Code_____ Collection Information (You can bring one or multiple samples)

Closest Main Street

Sample #1 Type of soil Original Soil Amended (mulch, compost, topsoil) Raised Bed Other:	Sample #2 Type of soil ppm Original Soil Amended (mulch, compost, topsoil) Raised Bed Other:	Sample #3 Type of soil ppm Original Soil Amended (mulch, compost, topsoil) Raised Bed Other:		
Current or planned use:	Current or planned use:	Current or planned use:		
Garden	Garden	Garden		
Play Area	Play Area	Play Area		
Other:	Other:	Other:		
Was this sample taken from more than one spot? Yes No	Was this sample taken from more than one spot? Yes No	Was this sample taken from more than one spot? □Yes □No		
Depth (inches):	Depth (inches):	Depth (inches):		
Was sample location less than 5	Was sample location less than 5	Was sample location less than 5		
feet away from house or building?	feet away from house or building?	feet away from house or building?		
Yes No Not Sure	Yes No Not Sure	Yes No Not Sure		
Was sample location less than 5	Was sample location less than 5	Was sample location less than 5		
feet away from street?	feet away from street?	feet away from street?		
Yes No Not Sure	Yes No Not Sure	Yes No Not Sure		

Age of the nearest structure: Structure	type: 🗌 House	Fence	Shed	Other
Was structure painted before 1978? Was structure painted lead paint? Are there paint chips in the soil? Are there pieces of brick/debris in the soil?	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□No □No □No □No	Not Sure Not Sure Not Sure Not Sure Not Sure	

Are you a childcare provider?

No

Yes (If Yes, circle one: Home-based or Center-based)

Additional Comments: