



STATE OF NEW HAMPSHIRE

Department of Natural and Cultural Resources
Division of Parks and Recreation
Bureau of Trails



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GRANT-IN-AID GRADING OPERATIONS LOG

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Please Print - All Fields Are REQUIRED

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CLUB NAME _____

CLUB NAME _____

OPERATOR NAME _____ DATE GRADING PERFORMED ____/____/____

OPERATOR NAME _____ DATE GRADING PERFORMED ____/____/____

EQUIPMENT _____ YEAR / MAKE / MODEL _____

EQUIPMENT _____ YEAR / MAKE / MODEL _____

IMPLEMENT USED TO GRADE _____ FISH & GAME REGISTRATION DECAL # _____

IMPLEMENT USED TO GRADE _____ FISH & GAME REGISTRATION DECAL # _____

PRE-GRADING INSPECTION PERFORMED? YES NO

PRE-GRADING INSPECTION PERFORMED? YES NO

METER START _____ METER END _____ # OF HOURS GRADING _____

METER START _____ METER END _____ # OF HOURS GRADING _____

TRAIL NAME OR AREA GRADED _____

TRAIL NAME OR AREA GRADED _____

TRAIL CONDITION: DRY WET ROCKY

TRAIL CONDITION: DRY WET ROCKY

OTHER WORK PERFORMED: _____

OTHER WORK PERFORMED: _____

OBSERVATIONS: _____

OBSERVATIONS: _____

REMEMBER – SAFETY FIRST
USE GOOD JUDGEMENT WHEN SCHEDULING STOPS ON TRAIL
Stop in Visible Locations – Place Warning Signs – Stay Alert

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I certify the figures and description of work submitted for Grant-In-Aid purposes are correct to the best of my knowledge.

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Operators Signature _____

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