

Grading Operations Log

NH Bureau of Trails
Division of Parks and Recreation
172 Pembroke Road
Concord, NH 03301
(603) 271-3254

BILLING PERIOD
CHECK MONTH
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER

Please Print - All Fields Are REQUIRED

CLUB NAME _____

OPERATOR NAME _____

DATE GRADING PERFORMED _____/_____/_____

EQUIPMENT _____

YEAR / MAKE / MODEL _____

IMPLEMENT USED TO GRADE _____

FISH & GAME REGISTRATION
DECAL # _____

PRE GRADING INSPECTION PERFORMED? YES NO

METER START _____ METER END _____ # OF HOURS GRADING _____

TRAIL NAME OR AREA GRADED _____

TIME OF DAY: AM PM TRAIL CONDITION: DRY WET ROCKY

OTHER WORK PERFORMED: _____

OBSERVATIONS: _____

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

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

Operators Signature _____

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