




STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF SOLID WASTE MANAGEMENT  
WILLIAM R. SNODGRASS TENNESSEE TOWER  
312 ROSA L. PARKS AVENUE, 14TH FLOOR  
NASHVILLE, TN 37243

**TRIP REPORT**

		FILE NUMBER	
<input type="checkbox"/> CHAT <input type="checkbox"/> CMBA <input type="checkbox"/> COOK <input type="checkbox"/> JACK <input type="checkbox"/> JCITY <input type="checkbox"/> KNOX <input type="checkbox"/> MEMP <input type="checkbox"/> NASH		INSPECTOR ID	
FACILITY NAME		FACILITY ID	
LOCATION	CITY	COUNTY	
TYPE OF FACILITY <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II <input type="checkbox"/> CLASS III <input type="checkbox"/> CLASS IV <input type="checkbox"/> NRS <input type="checkbox"/> OTHER			
PURPOSE OF VISIT <input type="checkbox"/> COMPLETE <input type="checkbox"/> FOLLOW UP <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER		BEGIN DATE	BEGIN TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
WEATHER CONDITIONS		DAY MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>	
DESCRIPTION OF INCIDENT / COMPLAINT ETC		END DATE	END TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
		DAY MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>	
INDIVIDUALS CONTACTED			
DSWM PERSONNEL PRESENT			
SAMPLES TAKEN			
PHOTOS TAKEN			
COMMENTS			
<div> _____</div> <div>INSPECTOR SIGNATURE                      DATE                      DATE PREPARED</div>			