## PORTABLE DENSITY/MOSITURE GAUGE - USE LOG

Name of Trainee:								
Date	Project/Location	Gauge Details		Duration of		Supervisor Details		
		Make	Model	Use (hr/min)	Signature of Trainee	Name of Supervisor	Licence Number	Signature of Supervisor
I hereby certify that the trainee mentioned above has completed at least 20 hours of supervised use of a portable density/moisture gauge (i.e. actually performing geotechnical measurements)								
Name of Possession Licensee/Company:								
Name of Company Representative:				Signature:		Date:		