

## EXPLOSIVE HAZARDS CLEARANCE REPORT

### SECTION I - GENERAL INFORMATION

1. EXPLOSIVE HAZARDS AREA IDENTIFICATION		. TASK ORDER NUMBER	
3. APPROVING AUTHORITY		4. UNIT	
5. OFFICER IN CHARGE		6. REPORTED BY	
7. MAP NAME		8. MAP SERIES NUMBER	
9. MAP SHEET NUMBER	10. MAP SCALE	11. MAP EDITION	
12. START DATE (YYYYMMDD)		3. COMPLETION DATE (YYYYMMDD)	
14. AREA TO BE CLEARED (m <sup>2</sup> )	15. REQUIRED DEPTH (cm)	16. TOTAL WORK HOURS	

### SECTION II - CLEARANCE INFORMATION *(Check more than one, if appropriate.)*

17. TYPE OF TASK	18. TECHNOLOGIES/METHODS USED		
<input type="checkbox"/> CLEARING	<input type="checkbox"/> MANUAL	<input type="checkbox"/> ROLLER	<input type="checkbox"/> EXPLOSIVE LINE CHARGE
<input type="checkbox"/> BREACHING	<input type="checkbox"/> FLAIL	<input type="checkbox"/> MINIFLAIL	<input type="checkbox"/> DOZER
	<input type="checkbox"/> DOGS	<input type="checkbox"/> OTHER	
19. TERRAIN		20a. ACCIDENT/INCIDENT DURING CLEARING <i>(Attach additional sheets, if needed.)</i>	
<input type="checkbox"/> RURAL	<input type="checkbox"/> URBAN	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> AGRICULTURAL	b. ACCIDENT IDENTIFICATION	
<input type="checkbox"/> WOODED	<input type="checkbox"/> OPEN	c. DATE (YYYYMMDD)	
<input type="checkbox"/> SWAMP		d. DESCRIPTION	
21. UNCLEARED AREA LEFT		20a. ACCIDENT/INCIDENT DURING CLEARING <i>(Attach additional sheets, if needed.)</i>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LOCAL SIGNS	<input type="checkbox"/> OFFICIAL SIGNS
		<input type="checkbox"/> FENCED	<input type="checkbox"/> NONE
23. UNCLEARED AREA DESCRIPTION			

### SECTION III - UNCLEARED AREA

24. TURNING POINT NUMBER	25. 10-DIGIT GRID COORDINATE
TP 1	
TP 2	
TP 3	
TP 4	
TP 5	
TP 6	
TP 7	
TP 8	
TP 9	
TP 10	
TP 11	
TP 12	
ADDITIONAL INFORMATION	

**SECTION IV - PROOFING INFORMATION** (Check more than one, if appropriate.)

<b>26. TYPE OF TASK</b> <input type="checkbox"/> PROOFING (Primary) <input type="checkbox"/> PROOFING (Secondary)	<b>27. TECHNOLOGIES/METHODS USED</b> <input type="checkbox"/> MANUAL <input type="checkbox"/> ROLLER <input type="checkbox"/> EXPLOSIVE LINE CHARGE <input type="checkbox"/> FLAIL <input type="checkbox"/> MINIFLAIL <input type="checkbox"/> DOZER <input type="checkbox"/> DOGS <input type="checkbox"/> OTHER				
<b>28. PROOFING DONE BY</b> <input type="checkbox"/> SAME UNIT <input type="checkbox"/> CONTRACTOR (Name)  <input type="checkbox"/> OTHER (Describe)	<b>29a. ACCIDENT/INCIDENT DURING PROOFING</b> (Attach additional sheets, if needed.) <input type="checkbox"/> YES <input type="checkbox"/> NO <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>b. ACCIDENT IDENTIFICATION</b></td> <td style="width:40%;"><b>c. DATE (YYYYMMDD)</b></td> </tr> <tr> <td colspan="2"><b>d. DESCRIPTION</b></td> </tr> </table>	<b>b. ACCIDENT IDENTIFICATION</b>	<b>c. DATE (YYYYMMDD)</b>	<b>d. DESCRIPTION</b>	
<b>b. ACCIDENT IDENTIFICATION</b>	<b>c. DATE (YYYYMMDD)</b>				
<b>d. DESCRIPTION</b>					

**SECTION V - CLEARED AREA**

30. TURNING POINT NUMBER	31. 10-DIGIT GRID COORDINATE
TP 1	
TP 2	
TP 3	
TP 4	
TP 5	
TP 6	
TP 7	
TP 8	
TP 9	
TP 10	
TP 11	
TP 12	
TP 13	
TP 14	
TP 15	
TP 16	
TP 17	
TP 18	
TP 19	
TP 20	

<b>32. AREA CLEARED (m<sup>2</sup>)</b>	<b>33. DEPTH CLEARED (cm)</b>
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**34. REFERENCE POINT DESCRIPTION**

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**35. PERIMETER FENCE DESCRIPTION**

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**36. OFFICER IN CHARGE COMMENTS**

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**SECTION VI - EXPLOSIVE HAZARDS FOUND** *(Attach additional sheets, if needed.)*

37. TYPE OF DEVICE <i>(Antipersonnel or antitank mine, unexploded explosive ordnance, and so forth)</i>	38. MODEL	39. QUANTITY	40. ANTILIFT-FITTED		41. BOOBY-TRAPPED	
			YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION VII - DECLARATIONS**

**DECLARATION BY REPRESENTATIVE OF THE CLEARANCE ORGANIZATION**

I declare that the area described in this document has been cleared according to the International Mine Action Standards and the United Nations Mine Action Centre Technical Guidelines and that, to the best of my knowledge and belief, is free of explosive hazards.

42. NAME	43. POSITION	44. DATE (YYYYMMDD)	45. SIGNATURE
46. DATA ENTERED BY	47. TOTAL NUMBER OF PAGES	48. DATE (YYYYMMDD)	49. SIGNATURE

**DECLARATION BY RESPONSIBLE AUTHORITY**

This declaration of clearance is accepted.  
I have walked the area described in this report and accept it as clear of landmines and unexploded explosive ordnance.

50. NAME	51. ORGANIZATION	52. DATE (YYYYMMDD)	53. SIGNATURE
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**DISTRIBUTION**

54. ORIGINAL TO	55. COPY TO
56. COPY TO	57. COPY TO

**CLEARANCE TEAM MEMBERS**

58a. NAME	b. RANK	59a. NAME	b. RANK
60a. NAME	b. RANK	61a. NAME	b. RANK

**ATTACHMENTS:**

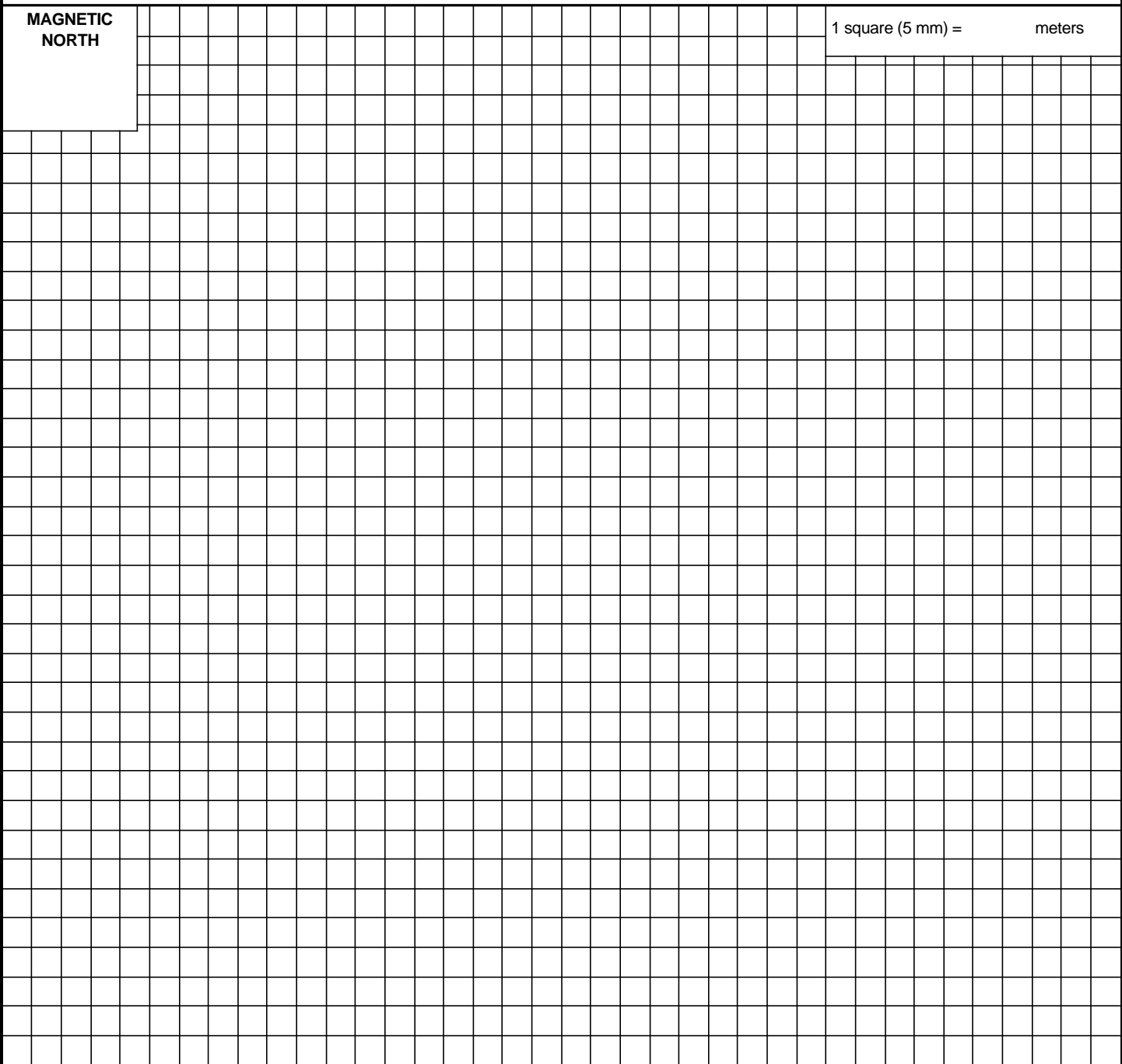
A. REQUIRED: An explanatory sketch of the area indicating the type and location of cleared and marked areas, including reference points and turning points, using military grid reference system coordinates. Be specific and show all pertinent details. Include the magnetic north, the scale, and the legend.

B. IF APPROPRIATE: Map of the area.




ATTACHMENT A - EXPLANATORY SKETCH

MAGNETIC  
NORTH

1 square (5 mm) =            meters



**LEGEND**

- RP - reference point
- BM - benchmark
- SP - start point
- TP - turning point
- HA - hazard area
- SA - safe area
- SL - safe lane
- BL - boundary lane
- EL - exploratory lane
- AL - access lane
- MSR - main supply route
-  - AP mine
-  - AT mine
-  - EH (type unknown)

DRAWN BY

DATE (YYYYMMDD)

CHECKED BY

DATE (YYYYMMDD)