



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

(970) 400-6415
 1555 N 17th Ave
 Greeley, CO 80631

2026 Lead SoilSHOP Sample Registration Form

(Soil, Health, Outreach, and Partnership)

Sample ID (staff use only)	
Participant Name	
Phone Number	
Email	
Zip Code	
Closest intersection to residence (optional)	

Sample #1			
Current or planned use of sampled area <input type="checkbox"/> Garden <input type="checkbox"/> Play Area <input type="checkbox"/> Other, describe:		Type of soil <input type="checkbox"/> Original soil in ground <input type="checkbox"/> In ground soil, amended (mulch, compost, topsoil) <input type="checkbox"/> Raised bed with original soil <input type="checkbox"/> Raised bed, amended (mulch, compost, topsoil) <input type="checkbox"/> Other, describe:	
Was this sample taken from more than one spot and mixed together? <input type="checkbox"/> Yes <input type="checkbox"/> No		Depth of soil collected in inches (approximate):	
What year was your house built? <input type="checkbox"/> Before 1978 <input type="checkbox"/> 1978 or After <input type="checkbox"/> Unsure		Was the sample location less than 5 feet away from the house? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
What type of structure was this sample closest to? <input type="checkbox"/> House <input type="checkbox"/> Shed <input type="checkbox"/> Other, describe:		What year was the nearest structure built?	
XRF Result #1 (ppm)	XRF Result #2 (ppm)	XRF Result #3 (ppm)	Average (ppm)

If you have additional samples, please complete the back page.

Sample #2			
Current or planned use of sampled area <input type="checkbox"/> Garden <input type="checkbox"/> Play Area <input type="checkbox"/> Other, describe:		Type of soil <input type="checkbox"/> Original soil in ground <input type="checkbox"/> In ground soil, amended (mulch, compost, topsoil) <input type="checkbox"/> Raised bed with original soil <input type="checkbox"/> Raised bed, amended (mulch, compost, topsoil) <input type="checkbox"/> Other, describe:	
Was this sample taken from more than one spot and mixed together? <input type="checkbox"/> Yes <input type="checkbox"/> No		Depth of soil collected in inches:	
What year was your house built? <input type="checkbox"/> Before 1978 <input type="checkbox"/> 1978 or After <input type="checkbox"/> Unsure		Was the sample location less than 5 feet away from the house? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
What type of structure was this sample closest to? <input type="checkbox"/> House <input type="checkbox"/> Shed <input type="checkbox"/> Other, describe:		What year was the nearest structure built?	
XRF Result #1 (ppm)	XRF Result #2 (ppm)	XRF Result #3 (ppm)	Average (ppm)

Sample #3 *Maximum of 3 samples per participant			
Current or planned use of sampled area <input type="checkbox"/> Garden <input type="checkbox"/> Play Area <input type="checkbox"/> Other, describe:		Type of soil <input type="checkbox"/> Original soil in ground <input type="checkbox"/> In ground soil, amended (mulch, compost, topsoil) <input type="checkbox"/> Raised bed with original soil <input type="checkbox"/> Raised bed, amended (mulch, compost, topsoil) <input type="checkbox"/> Other, describe:	
Was this sample taken from more than one spot and mixed together? <input type="checkbox"/> Yes <input type="checkbox"/> No		Depth of soil collected in inches:	
What year was your house built? <input type="checkbox"/> Before 1978 <input type="checkbox"/> 1978 or After <input type="checkbox"/> Unsure		Was the sample location less than 5 feet away from the house? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
What type of structure was this sample closest to? <input type="checkbox"/> House <input type="checkbox"/> Shed <input type="checkbox"/> Other, describe:		What year was the nearest structure built?	
XRF Result #1 (ppm)	XRF Result #2 (ppm)	XRF Result #3 (ppm)	Average (ppm)