**EOD Weekly Summary Report**

[Project Name: _____ Project code:_____ ]

ORGANISATION REPORTING:_____

Start of Reporting Period: / / / End of Reporting Period: / / /



| Team ID | Task No. | Location | | | Coordinates | | Status | Mines | | | UXO/Ammunition | | | Total Devices | Date | | Average Depth of Devise | Team Hours Worked | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Province | District | Village | Lat | Long | | AT | AP | Sub-Total | UXO | SSA | Sub-Total | | Start Date | End Date | | | |
| (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (l) | (m) | (n) | (o) | (p) | (q) | (r) | (s) | (t) | (u) |
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| **Total** | | | | | | | | | | | | | | | | | | | |

Prepared By: (Agency)

Signature:

Name:

Position:

Date:

Checked By: AMAC OPS

Signature:

Name:

Position :

Date:

Approved By: AMAC, Area Manager

Signature:

Name:

Position:

Date: