

Cave Report Form

Kentucky Speleological Survey
228 MMR Building, University of Kentucky
Lexington, KY 40506-0107

KSS ID

Cave Name:		County Name:	
Entrance Name (if different):		7.5-Minute Quadrangle Name:	
Alt Cave Name:	Alt Ent Name:	Entrance No:	of Entrances

Location (fill in one coordinate type only, please) *Please submit a copy of the topographic map with the marked location*

Latitude:	Longitude:	<input type="checkbox"/> D.M.S <input type="checkbox"/> D.D	
UTM North:	UTM East:	Zone: <input type="checkbox"/> 16 <input type="checkbox"/> 17	Datum:
State Plane North:	State Plane East:	Zone: <input type="checkbox"/> North <input type="checkbox"/> South	Datum:
Elevation:	Location Method: <input type="checkbox"/> Measured off Topo <input type="checkbox"/> GPS <input type="checkbox"/> Digital Topo or GIS <input type="checkbox"/> Other: _____		

Entrance Description

Entrance Type:	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Climbdown <i>Depth:</i>	<input type="checkbox"/> Pit/Vertical <i>Depth:</i>	<input type="checkbox"/> Other: _____
Entrance Measurements:	Horizontal - <i>Height:</i> _____ <i>Width:</i> _____		Vertical - <i>Width:</i> _____ <i>Length:</i> _____	
Indication on Topo Map:	<input type="checkbox"/> None <input type="checkbox"/> Marked as Cave <input type="checkbox"/> Sinkhole <input type="checkbox"/> Contour Distortion <input type="checkbox"/> Spring <input type="checkbox"/> Swallet <input type="checkbox"/> Other: _____			
Indication in the Field:	<input type="checkbox"/> None <input type="checkbox"/> Sinkhole <input type="checkbox"/> Spring <input type="checkbox"/> Swallet <input type="checkbox"/> Hillside <input type="checkbox"/> Ravine <input type="checkbox"/> Bluff <input type="checkbox"/> Quarry <input type="checkbox"/> Other: _____			

Length and Depth

Length of Cave:	<input type="checkbox"/> Estimated <input type="checkbox"/> Mapped	Vertical Extent:	<input type="checkbox"/> Estimated <input type="checkbox"/> Mapped
Depth of rope drops to deepest point in cave (order encountered):		No. of Rope Drops:	
Depth of other rope drops in cave:			

Map Status

<input type="checkbox"/> Mapped <input type="checkbox"/> Not Mapped <input type="checkbox"/> In Progress	Mapping Contact:	<input type="checkbox"/> Incomplete (no work being done)
Survey Type:	<input type="checkbox"/> Sketch <input type="checkbox"/> Pace <input type="checkbox"/> Pace & Compass <input type="checkbox"/> Tape & Compass <input type="checkbox"/> Tape/Compass/Clinometer <input type="checkbox"/> Other: _____	

Ownership and Access

Name and Contact info for Cave Owner (if known):	
Name and Contact info for Cave Access (if different):	
Property Type:	<input type="checkbox"/> Private <input type="checkbox"/> Forest Service <input type="checkbox"/> Other Fed. Gov. <input type="checkbox"/> State Gov. <input type="checkbox"/> Local Gov. <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____
Cave Status:	<input type="checkbox"/> Open <input type="checkbox"/> Open w/restrictions <input type="checkbox"/> Gated <input type="checkbox"/> Seasonally closed <input type="checkbox"/> Closed <input type="checkbox"/> Other: _____ <i>Dates closed:</i>

Continued on back

KSS ID

Additional Information

Physiographic Setting:	<input type="checkbox"/> Dripping Springs Escarpment <input type="checkbox"/> Western Pennyroyal <input type="checkbox"/> Cumberland Escarpment <input type="checkbox"/> Eastern Pennyroyal <input type="checkbox"/> The Knobs <input type="checkbox"/> Inner Bluegrass <input type="checkbox"/> Outer Bluegrass <input type="checkbox"/> Pine Mountain <input type="checkbox"/> Other: _____ Hollow or Valley Name (if applicable): _____
Geology:	Entrance Rock Type: _____ Main Cave Rock Type: _____ <i>(limestone, dolomite, shale, sandstone, etc.)</i> Geologic Formation(s) in which cave is formed: _____ <i>(see instructions for names)</i>
Gear needed to explore main part of cave:	<input type="checkbox"/> Normal Horizontal <input type="checkbox"/> Rappelling/Ascending <input type="checkbox"/> Handline <input type="checkbox"/> Wetsuit <input type="checkbox"/> Other: _____ Special Hazards: _____
Significant cave life or important remains: _____	

Notes and Comments

Reported By:	NSS No.:	Affiliation:	Date:
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Verification (KSS USE ONLY)

<input type="checkbox"/> Accepted	<input type="checkbox"/> Verified. <i>Verified by:</i> _____	<input type="checkbox"/> Rejected <i>Reason:</i> _____
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