



Volunteer River Monitoring Program

WATER SAMPLE COLLECTION AND FIELD DATA SHEET (Tier 2)



ORGANIZATION: _____ DATE: _____ START TIME: _____ AM/PM

MONITOR(S): _____ END TIME: _____ AM/PM

PAST 24 HOURS WEATHER: (CIRCLE ALL THAT APPLY)

- CLEAR
- CLOUDY
- PARTLY CLOUDY
- MOSTLY CLOUDY
- SHOWERS
- FOGGY
- LIGHT RAIN
- HEAVY RAIN
- SLEET
- SNOW

CURRENT WEATHER: (CIRCLE ALL THAT APPLY)

- CLEAR
- CLOUDY
- PARTLY CLOUDY
- MOSTLY CLOUDY
- SHOWERS
- FOGGY
- LIGHT RAIN
- HEAVY RAIN
- SLEET
- SNOW

ADDITIONAL COMMENTS:

TIDAL INFORMATION: (optional)
 _____ (AM/PM) TIME OF HIGH TIDE
 _____ (AM/PM) TIME OF LOW TIDE

AIR TEMPERATURE: (optional)
 _____ (°F) _____ (°C)

AIR CONDITIONS:
 CALM
 BREEZE
 STRONG WIND

QA/QC CHECK

		STANDARD VALUES	READING/VALUE AFTER CALIBRATION (Cal.)
DISSOLVED OXYGEN (D.O.) (METER)	TIME METER TURNED ON _____ TIME OF CALIBRATION _____		% sat.
	<input type="checkbox"/> MEMBRANE INSPECTED*	D.O. "Reading After Cal." is measured in cal. chamber. Recalibrate if "After" value is < 97.0 or > 103 %.	
DISSOLVED OXYGEN (KIT)	<input type="checkbox"/> SODIUM THIOSULFATE TEST DATE: _____ TIME: _____		
	<input type="checkbox"/> CHEMICAL EXP. DATES CHECKED		
SPECIFIC CONDUCTANCE	(PROBE CHECKED AND CALIBRATED BEGINNING OF SAMPLING SEASON)		
	<input type="checkbox"/> PROBE INSPECTED FOR DAMAGE OR FOULING		
TURBIDITY	<input type="checkbox"/> METER INSPECTED <input type="checkbox"/> CALIBRATED AGAINST STANDARDS		
	(Make "after cal." measurement of standard within the turbidity meter.)		
pH	CALIBRATED WITH: (2 BUFFERS) EFFICIENCY/	pH: _____	
	<input type="checkbox"/> pH 4 <input type="checkbox"/> pH 7 <input type="checkbox"/> pH 10 SLOPE: _____	pH: _____	

MEMBRANE INSPECTION GUIDELINES

Check to ensure the membrane is not loose, wrinkled, damaged, or fouled and there are no bubbles in the electrolyte reservoir, if applicable, to your make and model.

ZERO SATURATION DISSOLVED OXYGEN TEST CHECK (Shall be done 2X over field season)

DATE CONDUCTED: _____ INITIALS: _____

DO READINGS: (RINSE PROBE WELL AFTER CONDUCTING CHECK) _____ (mg/L)*

DO METER TYPE: _____ DO METER NUMBER (see tag): _____

* If mg/L readings are > 0.5 mg/L of the zero-D.O. solution, contact your group leader and a VRMP representative.

CHAIN OF CUSTODY

CHECK ALL THAT APPLY:

DATASHEET SAMPLE

SUBMITTED BY (VOLUNTEER): _____ DATE: _____ TIME: _____ AM / PM

NOTES (ISSUES/ACTIONS): _____

[IF APPLICABLE]

SAMPLE RECEIVED BY (ANALYST): _____ DATE: _____ TIME SAMPLE ANALYZED: _____ AM/ PM

NOTES (ISSUES/ACTIONS): _____

DATASHEET PROOFED AND SUBMITTED BY: _____ DATE: _____

(VOLUNTEER GROUP DATA MANAGER)

NOTES (ISSUES/ ACTIONS): _____

QA/QC'd BY VRMP STAFF: _____ DATE: _____

NOTES (ISSUES/ACTIONS): _____

