



Volunteer River Monitoring Program

WATER SAMPLE COLLECTION AND FIELD DATA SHEET (Tier 1)



ORGANIZATION: Friends of Merrymeeting Bay **DATE:** _____ **START TIME:** _____ AM/PM
MONITOR(S): _____ **END TIME:** _____ AM/PM

PAST 24 HOURS WEATHER: (CIRCLE ALL THAT APPLY)

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

CURRENT WEATHER: (CIRCLE ALL THAT APPLY)

- CLEAR RAIN
- CLOUDY LIGHT RAIN
- PARTLY CLOUDY HEAVY RAIN
- MOSTLY CLOUDY SLEET
- SHOWERS 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 BEFORE CALIBRATION	READING/VALUE AFTER CALIBRATION
DISSOLVED OXYGEN (METER)	_____ TIME METER TURNED ON _____ TIME OF CALIBRATION			
	<input type="checkbox"/> % SATURATION <input type="checkbox"/> MEMBRANE INSPECTED*			
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			
pH	CALIBRATED WITH: (2 BUFFERS) EFFICIENCY/ <input type="checkbox"/> pH 4 <input type="checkbox"/> pH 7 <input type="checkbox"/> pH 10 SLOPE: _____	pH: _____		
		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 on a monthly basis)

DATE CONDUCTED: _____ **INITIALS:** _____

DO READINGS: (RINSE PROBE WELL AFTER CONDUCTING CHECK)

_____ (% SAT) _____ (mg/L)*

*If mg/L readings are not within ± 0.3 mg/L of the 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):

DATASHEET SUBMITTED 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):

