



# Volunteer River Monitoring Program

## WATER SAMPLE COLLECTION AND FIELD DATA SHEET



ORGANIZATION: \_\_\_\_\_ 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
<b>DISSOLVED OXYGEN (METER)</b>	_____ TIME METER TURNED ON _____ TIME OF CALIBRATION			
	<input type="checkbox"/> % SATURATION <input type="checkbox"/> MEMBRANE INSPECTED*			
<b>DISSOLVED OXYGEN (KIT)</b>	<input type="checkbox"/> SODIUM THIOSULFATE TEST    DATE: _____ TIME: _____ <input type="checkbox"/> CHEMICAL EXP. DATES CHECKED			
<b>SPECIFIC CONDUCTANCE</b>	(PROBE CHECKED AND CALIBRATED BEGINNING OF SAMPLING SEASON) <input type="checkbox"/> PROBE INSPECTED FOR DAMAGE OR FOULING			
<b>TURBIDITY</b>	<input type="checkbox"/> METER INSPECTED <input type="checkbox"/> CALIBRATED AGAINST STANDARDS			
<b>pH</b>	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): \_\_\_\_\_

