

Place Site Visit Label Here

River Site Visit Form

Visit # _____

Project ID: _____

Date: _____ Time: _____ Personnel: _____

Waterbody: _____ Location: _____

Station ID: _____ HUC: _____ County: _____ Elevation: _____ ft m

Latitude: _____ Longitude: _____ Datum: NAD83 Other: _____

Field Duplicate to _____ Field Blank Trip Blank Field Equipment Blank

Samples Collected		Sample ID	Sample Collection Information/Preservation
Water	<input type="checkbox"/>		GRAB EW1 BACT
Analysis:			0.45µ Filtered HNO ₃ H ₂ SO ₄ H ₃ PO ₄ HCL Ice Frozen
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Sediment	<input type="checkbox"/>		SED-1
Analysis:			Preserved: None Other:
Benthic Chl-a	<input type="checkbox"/>		Sample Method: C=Core H=Hoop T=Template N=None
Composite at Lab <input type="checkbox"/>	Ash-Free Dry Weight <input type="checkbox"/>		
Transect: A ___ B ___ C ___ D ___ E ___ F ___ G ___ H ___ I ___ J ___ K ___ L ___ M ___ N ___ O ___ P ___			
Phytoplankton Chl-a	<input type="checkbox"/>		D1 Filtered: _____ mL D2 Filtered: _____ mL
Phytoplankton CNP	<input type="checkbox"/>		D1 Filtered: _____ mL D2 Filtered: _____ mL
Algae	<input type="checkbox"/>		PERI-1-MOD PERI-1 OTHER:
Benthic Algae CNP	<input type="checkbox"/>		D1 <input type="checkbox"/> D2 <input type="checkbox"/>

Field Measurements		Time: _____ am pm	Field Assessments
Water Temp: _____ °C °F	Air Temp: _____ °C °F		Photos <input type="checkbox"/> Aquatic Plant Visual Assessment <input type="checkbox"/> SAM <input type="checkbox"/>
Bar. Pressure: _____ mm/Hg	SC: _____ uS/cm		Aquatic Plant Tracking <input type="checkbox"/> Rosgen <input type="checkbox"/> NRCS <input type="checkbox"/>
pH: _____ DO: _____ mg/L	Turbidity: _____ NTU		EMAP <input type="checkbox"/> Total Discharge <input type="checkbox"/> Channel X-Section <input type="checkbox"/>
Turbidity: Clear <input type="checkbox"/> Slight <input type="checkbox"/> Turbid <input type="checkbox"/> Opaque <input type="checkbox"/>			Wetland <input type="checkbox"/> Bacteria <input type="checkbox"/> Other: _____
Flow: _____ ft ³ /sec (Dry Bed <input type="checkbox"/> Stranded Pools <input type="checkbox"/>)			Only Transect F <input type="checkbox"/> Total Site Length _____
Meter <input type="checkbox"/> Meter-Auto <input type="checkbox"/> Float <input type="checkbox"/> Gage <input type="checkbox"/> Visual Est. <input type="checkbox"/>			Transect Length _____ m Average Wetted Width _____

Data Loggers	Temperature <input type="checkbox"/> YSI <input type="checkbox"/> MiniDOT <input type="checkbox"/> EC <input type="checkbox"/> TruTrack <input type="checkbox"/> AquaRod <input type="checkbox"/> Weather Station <input type="checkbox"/>
	Deployed <input type="checkbox"/> Cleaned/Checked <input type="checkbox"/> Retrieved <input type="checkbox"/>

Chemistry Lab Information		
Lab Samples Submitted to: _____	Account #: _____	Term Contract Number: n/a
Invoice Contact: _____		
Contact Name and Phone: _____		EDD <input checked="" type="checkbox"/> Format: MT-eWQX Compatible
1) Relinquished By & Date/Time: _____	1) Shipped By: _____ Hand <input type="checkbox"/> FedEx/UPS <input type="checkbox"/> USPS <input type="checkbox"/>	1) Received By & Date/Time: _____
2) Relinquished By & Date/Time: _____	2) Shipped By: _____ Hand <input type="checkbox"/> FedEx/UPS <input type="checkbox"/> USPS <input type="checkbox"/>	2) Received By & Date/Time: _____

Lab Use Only - Delivery Temperature: Wet Ice _____ °C Dry Ice _____ °C

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Site Visit Form Continued

Field Meter Calibration

pH Meter:	Manufacturer & Model:	Date of Last Calibration:
	Comments:	
Multiparameter Meter:	Manufacturer & Model:	
	Date of SC Calibration:	DO calibrated at site visit <input type="checkbox"/>
	Comments:	

Site Visit Comments

Data Logger Notes:

Time data logger removed:

Time data logger returned:

Data logger cleaned

Data logger downloaded

Data logger re-launched

Photos:

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