

Physical & Chemical Tests Record Sheet

(To be completed monthly)

Site Name: <u>FISHING PLATFORM</u>		Site Code: <u>CO-WYE 100</u>
Name of Monitoring Group: <u>WYE RIVER WATERWATCH GROUP</u>		
Person(s) Conducting the test: <u>JULIET LEFEVRE, HELEN MORIARTY, ANNE CONRICK, YVONNE SHEPPARD</u>		
Date of test: <u>4th/19</u>	Time of test: <u>11-15</u> am/pm	
Site Risk Assessment Completed: <input checked="" type="checkbox"/> signature please: Site risk and management assessment at rear of book. Please note circumstantial hazards and additional risks in the box below		
Test	Result (units)	Calculations, dilutions and comments
Dissolved Oxygen	<u>8.7</u> mg/L	<u>90</u> % sat.
Water Temperature		<u>15</u> °C
Air Temperature		<u>16</u> °C
pH	Meter calibrated to <input checked="" type="checkbox"/> pH 7 & <input checked="" type="checkbox"/> pH 10 <u>7.6</u> pH units	
Electrical Conductivity (Salinity)	Meter calibrated to <input checked="" type="checkbox"/> 1413, <input type="checkbox"/> 2,000 or <input checked="" type="checkbox"/> 12,880 EC <u>445</u> EC units µS/cm.	
Reactive Phosphorus	<u>0.30</u> mg/L P	
Turbidity	<u>1.28</u> N.T.U./F.T.U.	
Weather conditions at the time of sampling: <input type="checkbox"/> sunny <input type="checkbox"/> cloudy <input checked="" type="checkbox"/> overcast <input type="checkbox"/> raining <input type="checkbox"/> windy		
Rainfall: Last rainfall: <input type="checkbox"/> More than week ago <input type="checkbox"/> During the last week <input checked="" type="checkbox"/> During the last 24 hours <input type="checkbox"/> Raining now Amount of rain (mm) _____		
Water flow Flow indicator (if available) _____ ML/day Estimate of flow <input type="checkbox"/> Not flowing (still) <input type="checkbox"/> Not flowing (pool) <input type="checkbox"/> Low (minimum) <input checked="" type="checkbox"/> Medium (average) <input type="checkbox"/> High (but below bankfull) <input type="checkbox"/> Flood (over bank) <input type="checkbox"/> Permanent (lakes & wetlands)		Water appearance <input type="checkbox"/> Clear <input type="checkbox"/> Milky <input type="checkbox"/> Foamy /frothy <input type="checkbox"/> Muddy <input type="checkbox"/> Smelly <input type="checkbox"/> Stained green <input checked="" type="checkbox"/> Scummy <input type="checkbox"/> Oily <input type="checkbox"/> Stained brown <input checked="" type="checkbox"/> Other (description) <u>FLOATING ALGAE</u>
Stream depth Depth indicator _____ m <input type="checkbox"/> 0 - 50 cm deep <input type="checkbox"/> 51cm-1m deep <input checked="" type="checkbox"/> 1 to 2 m deep <input type="checkbox"/> Unknown depth		
Stream width Average width of stream: _____ m <input type="checkbox"/> < 2 m wide <input type="checkbox"/> 2 to 5 m wide <input checked="" type="checkbox"/> >5 m wide		
Drain present at site: <input checked="" type="checkbox"/> no <input type="checkbox"/> yes Water flowing from drain: <input type="checkbox"/> yes Color _____ Odour _____		
Litter pollutants: (Tick type found) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> paper</div> <div style="width: 33%;"><input type="checkbox"/> bottles</div> <div style="width: 33%;"><input type="checkbox"/> plastic</div> <div style="width: 33%;"><input type="checkbox"/> polystyrene</div> <div style="width: 33%;"><input type="checkbox"/> waxed cardboard</div> <div style="width: 33%;"><input checked="" type="checkbox"/> other <u>BICYCLE CANS</u></div> <div style="width: 33%;"><input type="checkbox"/> packets</div> <div style="width: 33%;"><input type="checkbox"/> cans</div> <div style="width: 33%;"><input type="checkbox"/> clothing</div> <div style="width: 33%;"><input type="checkbox"/> oil</div> <div style="width: 33%;"><input type="checkbox"/> car bodies</div> <div style="width: 33%;"><input type="checkbox"/> petrol/diesel</div> </div>		
Circumstantial hazards and additional risks Hazard: <u>NIL</u> Risk: _____		Waterwatch Data Management System: Data entry Person entering site visit information <u>YVONNE SHEPPARD</u> Date of entry <u>7/11/19</u> Site visit approved by Coordinator (initial and date) _____
Risk Control Measures: _____		