

Physical & Chemical Tests Record Sheet
(To be completed monthly)

Site Name: Little George		Site Code:
Name of Monitoring Group:		
Person(s) Conducting the test: George Khan		
Date of test: 29-2-20	Time of test: 10.00 am/pm	
Site Risk Assessment Completed: <input 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	mg/L	% sat.
Water Temperature	°C	
Air Temperature	°C	
pH	Meter calibrated to <input type="checkbox"/> pH 7 or <input type="checkbox"/> pH 10	pH units
Electrical Conductivity	Meter calibrated to <input type="checkbox"/> 14.3, <input type="checkbox"/> 12.880°C	EC units µS/cm.
Reactive Phosphorus		mg/L P
Turbidity		N.T.U
Weather conditions at the time of sampling:		
<input checked="" type="checkbox"/> sunny	<input type="checkbox"/> cloudy	<input type="checkbox"/> overcast
<input type="checkbox"/> rainy	<input type="checkbox"/> raining	<input type="checkbox"/> windy
Rainfall:		
Last rainfall: <input type="checkbox"/> More than week	<input type="checkbox"/> During the last week	<input type="checkbox"/> During the last 24 hours
<input type="checkbox"/> Raining now		
Amount of rain (mm)		
NO WATER		
Water flow indicator (if available) _____ ML/day		
Estimate of flow		
<input type="checkbox"/> Not flowing (still)	<input type="checkbox"/> Low (minimum)	<input type="checkbox"/> High (but below bankfull)
<input type="checkbox"/> Medium (average)	<input type="checkbox"/> Permanent (lakes & wetlands)	
Stream depth		
Depth indicator _____ m	<input type="checkbox"/> 0 - 50 cm deep	<input type="checkbox"/> 51cm-1m deep
<input type="checkbox"/> 1 to 2 m deep	<input type="checkbox"/> 2 to 5 m wide	<input type="checkbox"/> > 5 m wide
Stream width		
Average width of stream: _____ m		
Drain present at site: <input type="checkbox"/> no <input type="checkbox"/> yes		
Water flowing from drain: <input type="checkbox"/> yes <input type="checkbox"/> no		
Colour: _____		
Odour: _____		
Litter pollutants: (Tick type found)		
<input type="checkbox"/> paper	<input type="checkbox"/> bottles	<input type="checkbox"/> polystyrene
<input type="checkbox"/> waxed cardboard	<input type="checkbox"/> cans	<input type="checkbox"/> other
<input type="checkbox"/> plastic	<input type="checkbox"/> clothing	<input type="checkbox"/> car bodies
<input type="checkbox"/> petrol/diesel		
Circumstantial hazards and additional risks		
Risk: _____		
Hazard: _____		
Person entering site visit information		
Date of entry		
Site visit approved by Coordinator (initial and date)		