

# Physical & Chemical Tests Record Sheet

(To be completed monthly)

Site Name: <b>BIG TREE</b>		Site Code: <b>CO-WYE050</b>	
Name of Monitoring Group: <b>WYE RIVER WATERWATCH GROUP</b>			
Person(s) Conducting the test: <b>TYVONNE SHEPPARD</b>			
Date of test: <b>6/7/20</b>		Time of test: <b>10:40</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">am/pm</span>	
Site Risk Assessment Completed: <input checked="" type="checkbox"/> signature please: <i>[Signature]</i> 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	<b>9.2</b> mg/L	<b>84</b> % sat.	
Water Temperature	<b>10</b> °C		
Air Temperature	<b>11</b> °C		
pH	Meter calibrated to <input checked="" type="checkbox"/> pH 7 & <input checked="" type="checkbox"/> pH 10.4	<b>6.9</b> pH units	
Electrical Conductivity (Salinity)	Meter calibrated to <input checked="" type="checkbox"/> 1413, <input type="checkbox"/> 2,000 or <input checked="" type="checkbox"/> 12,880EC	<b>241</b> EC units µS/cm.	
Reactive Phosphorus	<b>0.045</b> mg/L P		
Turbidity	<b>4.44</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N.T.U./F.T.U.</span>		
<b>Weather conditions at the time of sampling:</b> <input type="checkbox"/> sunny <input type="checkbox"/> cloudy <input checked="" type="checkbox"/> overcast <input type="checkbox"/> raining <input type="checkbox"/> windy			
<b>Rainfall:</b> 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) _____			
<b>Water flow</b> Flow indicator (if available) _____ ML/day <b>Estimate of flow</b> <input type="checkbox"/> Not flowing (still) <input type="checkbox"/> Not flowing (pool) <input type="checkbox"/> Low (minimum) <input type="checkbox"/> Medium (average) <input checked="" type="checkbox"/> High (but below bankfull) <input type="checkbox"/> Flood (over bank) <input type="checkbox"/> Permanent (lakes & wetlands)		<b>Water appearance</b> <input checked="" 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 type="checkbox"/> Scummy <input type="checkbox"/> Oily <input type="checkbox"/> Stained brown <input type="checkbox"/> Other (description) _____	
<b>Stream depth</b> 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			
<b>Stream width</b> Average width of stream: _____ m <input type="checkbox"/> < 2 m wide <input checked="" type="checkbox"/> 2 to 5 m wide <input type="checkbox"/> >5 m wide			
<b>Drain present at site:</b> <input checked="" type="checkbox"/> no <input type="checkbox"/> yes    Water flowing from drain: <input type="checkbox"/> yes    Color _____    Odour _____			
<b>Litter pollutants: (Tick type found)</b> <input type="checkbox"/> paper <input type="checkbox"/> bottles <input type="checkbox"/> polystyrene <input type="checkbox"/> oil <input type="checkbox"/> petrol/diesel <input type="checkbox"/> packets <input type="checkbox"/> cans <input type="checkbox"/> waxed cardboard <input type="checkbox"/> other			
<b>Circumstantial hazards and additional risks</b> Hazard: <b>OVERWALK PATH</b> <b>SLIPPING</b> <b>APPROPRIATE FOOTWEAR, AVOIDANCE</b>		<b>Waterwatch Data Management System: Data entry</b> Person entering site visit information Date of entry Site visit approved by Coordinator (initial and date)	