

NATIONAL TRENDS NETWORK FIELD OBSERVER REPORT FORM (FORF)

Send Completed Form with Each Sample to:
Central Analytical Laboratory, 2204 Griffith Drive, Dock B, Champaign, IL 61820

FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAG	LEAK	SP

Place barcode sticker here

Problems? Call the CAL at 1-800-952-7353
e-mail: ntn@isws.illinois.edu or fax: 217-333-0249

1. SITE Name _____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> ID				2. OBSERVER Print name _____	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table> Initials		

3. FIELD BUCKET <table border="1"> <tr> <td rowspan="2">ON</td> <td colspan="3">Date</td> <td colspan="3">Time</td> </tr> <tr> <td>MO</td> <td>DAY</td> <td>YR</td> <td colspan="3">0001-2400</td> </tr> <tr> <td>OFF</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	ON	Date			Time			MO	DAY	YR	0001-2400			OFF							4. SITE OPERATIONS Check YES or NO for each field bucket. If NO for Item 1 or 2, describe in Block 10 and call CAL . <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>2</td> <td>1</td> </tr> <tr> <td>2</td> <td>1</td> </tr> <tr> <td>2</td> <td>1</td> </tr> </table> <ol style="list-style-type: none"> The sensor heater and motor box operated properly and the event recorder indicates the collector lid opened and closed promptly for each precipitation event. Raingage operated properly during the week. Collector opened and closed at least once during the week, other than for testing. Raingage in winterized state during sampling period (antifreeze in bucket & funnel out). 	YES	NO	2	1	2	1	2	1
ON		Date			Time																								
	MO	DAY	YR	0001-2400																									
OFF																													
YES	NO																												
2	1																												
2	1																												
2	1																												

5. SAMPLE CONDITION Check type of contamination for all field buckets before and after decanting. Describe all contamination in Block 10, including any not listed here.	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>2</td> <td>1</td> </tr> <tr> <td>2</td> <td>1</td> </tr> </table> <ol style="list-style-type: none"> Bird droppings Cloudy or discolored 	YES	NO	2	1	2	1	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>2</td> <td>1</td> </tr> <tr> <td>2</td> <td>1</td> </tr> </table> <ol style="list-style-type: none"> Soot/ash/dirt particles Insects/animal matter 	YES	NO	2	1	2	1	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>2</td> <td>1</td> </tr> <tr> <td>2</td> <td>1</td> </tr> </table> <ol style="list-style-type: none"> Leaves/twigs/pollen/plant matter Handling contamination 	YES	NO	2	1	2	1
YES	NO																				
2	1																				
2	1																				
YES	NO																				
2	1																				
2	1																				
YES	NO																				
2	1																				
2	1																				

After decanting into sample bottle, look closely at sample and field bucket and double-check your entry.

6. BUCKET SAMPLE WEIGHT
 Weigh ALL sample buckets.

Bucket + Lid + Sample									
-									
CAL Bucket									
-									
CAL Lid									
=									
Sample Weight (grams)									

7. PRECIPITATION RECORD
 Please circle **Precipitation Type**

← Bucket On R – Rain Only (Includes Hail) S – Snow Only M – Mixture U – Unknown Bucket Off →

TUES	WED	THURS	FRI	SAT	SUN	MON	TUES
R S M U	R S M U	R S M U	R S M U	R S M U	R S M U	R S M U	R S M U

Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM

Z – Zero T – Trace (Circle Type) MM – Missing

Sample Weight (grams) X 0.00058 inches/gram =

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 ← Do these values agree within ±5%? →

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Sample Depth (inches) YES NO (If no, reweigh) Total Raingage Depth (inches)

8. SAMPLE BOTTLE USE
 Pour **ANY** and **ALL** liquid up to 1-liter into the sample bottle.

 Did you pour sample into the bottle?
 YES NO
9. SUPPLIES Request early. Circle if needed, until received.
 CAL address labels lid seal pad
 dashpot fluid packing tape
 dry sample env. raingage charts
 field forms raingage ink
 gloves (S, M, L)

10. REMARKS For example: equipment malfunction, contamination, farming, burning, logging, leakage before weighing, etc.

