

Massachusetts Department of Environmental Protection/Division of Watershed Management

Project Lead (initial) _____.

Auto-Sampling (2020)

Station Sheet ____ of ____.

SITE AND SURVEY INFORMATION

Project	Project Lead:
River	Other(s):
Town	
Site Name	
AutoSampler Make/Model:	AutoSampler ID#:

NOTE: This multipage fieldsheet is used for the duration of the auto-sampler deployment. Leave on-site under lock&key and with sheet protector, OR return to office and make copy.

PRE-TESTING

Test Date:	Tester:	Test Location:
System Checks (inc. suction hose, sampler integrity, tub, etc...) <input type="checkbox"/> yes <input type="checkbox"/> no		
Battery Checks (is the battery fully charged?): <input type="checkbox"/> yes <input type="checkbox"/> no Spare Battery packed? <input type="checkbox"/> yes <input type="checkbox"/> no		
Pump Operation Check: <input type="checkbox"/> yes <input type="checkbox"/> no		
Manual Grab Sample and/or Purge Checks: <input type="checkbox"/> yes <input type="checkbox"/> no		
Module/Sonde Attachment *: <input type="checkbox"/> yes <input type="checkbox"/> no Make/Model:		ID#:
Module/Sonde Check: <input type="checkbox"/> yes <input type="checkbox"/> no		
Module/Sonde Pre-calibration (as needed): <input type="checkbox"/> yes <input type="checkbox"/> no		
Test Notes:		

PROGRAMMING (during pre-testing and/or in the field)

Intended Use: <input type="checkbox"/> ambient <input type="checkbox"/> stormwater <input type="checkbox"/> wastewater <input type="checkbox"/> other _____
Programming Check (do the prog. features work as needed?): <input type="checkbox"/> yes <input type="checkbox"/> no
Program Name:
Intended Sample Type: <input type="checkbox"/> discrete/sequential <input type="checkbox"/> composite
Sample bottle type/#/volume: _____ / _____ / _____
Retry when sampling? <input type="checkbox"/> yes <input type="checkbox"/> no
Rinse protocol used: <input type="checkbox"/> purge-sample-purge <input type="checkbox"/> purge-rinse-purge-sample-purge <input type="checkbox"/> other _____
In-situ sample preservation: <input type="checkbox"/> pre-acidified bottles <input type="checkbox"/> iced sampler <input type="checkbox"/> pre-dechlor <input type="checkbox"/> other _____
Length of 3/8" suction line (ft.):
Expected/Measured suction head (ft):
Strainer type: <input type="checkbox"/> steel/poly <input type="checkbox"/> low flow <input type="checkbox"/> CPVC
Samples to be analyzed for (check all that apply)**: <input type="checkbox"/> NUTS <input type="checkbox"/> CHEM <input type="checkbox"/> SOLIDS <input type="checkbox"/> METALS <input type="checkbox"/> Bacteria <input type="checkbox"/> Other _____
SDI-sonde data interval:
Sampling Design: <input type="checkbox"/> time-paced (interval: _____) <input type="checkbox"/> flow-paced (scheme: _____) <input type="checkbox"/> event-paced (trigger: _____)

PART A:	PART B:

* If sonde attached to autosampler, use a separate multiprobe deployment fieldsheet to record sonde-related metadata

** Use COC to request specific lab analyses

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Station Sheet ____ of ____.

INITIAL DEPLOYMENT

Start Date: _____		Start Time (24 hr): _____		AM _____	PM _____
Current weather: _____					
Crew Lead: _____			Other(s): _____		
Sampler security (<i>check all that apply</i>) <input type="checkbox"/> locked latches/controls <input type="checkbox"/> locked housing/top cover <input type="checkbox"/> 2ndary box/cage <input type="checkbox"/> none					
Sampler camouflage? <input type="checkbox"/> yes <input type="checkbox"/> no			Sampler level? <input type="checkbox"/> yes <input type="checkbox"/> no		
Field blanks collected? (<i>record on Sheet 3</i>) <input type="checkbox"/> yes <input type="checkbox"/> no			Other QC samples? (<i>record on Sheet 3</i>) <input type="checkbox"/> yes <input type="checkbox"/> no		
Intake tubes hidden/buried? <input type="checkbox"/> yes <input type="checkbox"/> no			Strainer weighted down? <input type="checkbox"/> yes <input type="checkbox"/> no		
Strainer intake protection: <input type="checkbox"/> tube <input type="checkbox"/> open (no protection) <input type="checkbox"/> Other: _____					
Field pump test (head vs. volume)? <input type="checkbox"/> yes <input type="checkbox"/> no					
Photos: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Flowing <input type="checkbox"/> No Water <input type="checkbox"/> Stagnant <input type="checkbox"/> Ice-covered <input type="checkbox"/> No Access					
Station Description/Access: _____					
Sketch of Sampler and Intake Placement:					
General comments: _____					

SAMPLE RETRIEVAL #1

(FOR ADDITIONAL VISITS FOR SAMPLE RETRIEVAL, USE Page 4)

Date: _____		Time (24 hr): _____		AM _____	PM _____
Crew Lead: _____			Other(s): _____		
Battery condition: <input type="checkbox"/> power ON <input type="checkbox"/> no power					
Evidence of sampler tampering? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain: _____					
Auto-samples collected? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many? _____					
Evidence of bottle overfilling? <input type="checkbox"/> yes <input type="checkbox"/> no					
New bottles installed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, wells used: _____					
Sampler reset to collect? <input type="checkbox"/> yes <input type="checkbox"/> no					
Sampler reprogrammed? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, explain: _____)					
Field blanks collected? <input type="checkbox"/> yes <input type="checkbox"/> no					
Photos: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Flowing <input type="checkbox"/> No Water <input type="checkbox"/> Stagnant <input type="checkbox"/> Ice-covered <input type="checkbox"/> No Access					
General comments: _____					

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Station Sheet ____ of ____

SITE AND SURVEY INFORMATION	
Project	Project Lead:
River	Type of samples collected:
Town	Auto-program name:
Site Name	
AutoSampler Make/Model:	AutoSampler ID#:

[illegible]

Massachusetts Department of Environmental Protection/Division of Watershed Management

Project Lead (initial) _____.

Auto-Sampling (2020)

Station Sheet ____ of ____.

SAMPLE RETRIEVAL #2			
Date:	Time (24 hr):	AM ____	PM ____
Crew Lead:	Other(s):		
Battery condition: <input type="checkbox"/> power ON <input type="checkbox"/> no power			
Evidence of sampler tampering? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain: _____			
Auto-samples collected? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many? _____			
Evidence of bottle overfilling? <input type="checkbox"/> yes <input type="checkbox"/> no			
New bottles installed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, wells used: _____			
Sampler reset to collect? <input type="checkbox"/> yes <input type="checkbox"/> no			
Sampler reprogrammed? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, explain: _____)			
Field blanks collected? <input type="checkbox"/> yes <input type="checkbox"/> no			
Photos: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Flowing <input type="checkbox"/> No Water <input type="checkbox"/> Stagnant <input type="checkbox"/> Ice-covered <input type="checkbox"/> No Access			
General comments:			

SAMPLE RETRIEVAL #3			
Date:	Time (24 hr):	AM ____	PM ____
Crew Lead:	Other(s):		
Battery condition: <input type="checkbox"/> power ON <input type="checkbox"/> no power			
Evidence of sampler tampering? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain: _____			
Auto-samples collected? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many? _____			
Evidence of bottle overfilling? <input type="checkbox"/> yes <input type="checkbox"/> no			
New bottles installed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, wells used: _____			
Sampler reset to collect? <input type="checkbox"/> yes <input type="checkbox"/> no			
Sampler reprogrammed? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, explain: _____)			
Field blanks collected? <input type="checkbox"/> yes <input type="checkbox"/> no			
Photos: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Flowing <input type="checkbox"/> No Water <input type="checkbox"/> Stagnant <input type="checkbox"/> Ice-covered <input type="checkbox"/> No Access			
General comments:			

For additional site visits, use additional copies of this sheet (page 4).