

NATIONAL TRENDS NETWORK FIELD OBSERVER REPORT FORM (FORF)

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

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

FOR OFFICE USE ONLY

T					
BAG	LEAK	SP	SL	SUB	

Place barcode sticker here

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

3. FIELD BUCKET Date: <table border="1"><tr><th>MO</th><th>DAY</th><th>YR</th></tr><tr><td></td><td></td><td></td></tr></table> Time: <table border="1"><tr><th colspan="4">0001-2400</th></tr><tr><td></td><td></td><td></td><td></td></tr></table> ON <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> OFF <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>	MO	DAY	YR				0001-2400																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><th>YES</th><th>NO</th></tr><tr><td>2</td><td>1</td></tr></table> <table border="1"><tr><th>YES</th><th>NO</th></tr><tr><td>2</td><td>1</td></tr></table> <table border="1"><tr><th>YES</th><th>NO</th></tr><tr><td>2</td><td>1</td></tr></table> <table border="1"><tr><th>YES</th><th>NO</th></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	YES	NO	2	1	YES	NO	2	1	YES	NO	2	1
MO	DAY	YR																																					
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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><th>YES</th><th>NO</th></tr><tr><td>2</td><td>1</td></tr></table>	YES	NO	2	1	<table border="1"><tr><th>YES</th><th>NO</th></tr><tr><td>2</td><td>1</td></tr></table>	YES	NO	2	1	<table border="1"><tr><th>YES</th><th>NO</th></tr><tr><td>2</td><td>1</td></tr></table>	YES	NO	2	1	<table border="1"><tr><th>YES</th><th>NO</th></tr><tr><td>2</td><td>1</td></tr></table>	YES	NO	2	1
YES	NO																		
2	1																		
YES	NO																		
2	1																		
YES	NO																		
2	1																		
YES	NO																		
2	1																		
<ol style="list-style-type: none"> Bird droppings Cloudy or discolored 	<ol style="list-style-type: none"> Soot/ash/dirt particles Insects/animal matter 	<ol style="list-style-type: none"> Leaves/twigs/pollen/plant matter Handling contamination 																	

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.

<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							•	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Bucket + Lid + Sample
-		-	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							CAL Bucket					
-		-	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							CAL Lid					
=		→	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							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 →

Type circle one →	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
Amount Inches or circle one →								
	Z T MM	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.

Packing Tape	Field Forms
Raingage Ink	Gloves (S, M, L)
Lid Seal Pad	Dashpot Fluid
Raingage Charts	
CAL Address Labels	

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

