

QA/QC Sample Information **Duplicate**

Time Zone: EST <u>CEN</u>		Time: <u>1365</u>	Field ID: <u>33010JF1</u> (WIN ID + DUP)		
Parameter Suite	Parameter Methods	Preservation	Lot#	Expiration	pH Check
Preserved Nutrients	☐ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☐ Ice ☐ H ₂ SO ₄			☐ < 2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO ₃			☐ < 2
Filtered Nutrients	☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☐ Ice			
Chlorophyll	☐ CHLSUITE-W	☐ Ice			
Physical/Aggregate (Fresh)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Microbiology	☐ E Coli ☐ F Coli ☐ Enterococci	☐ Ice			
Molecular	☐ PCR-FILTER ☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-GULL2 ☐ PCR-GFD	☐ Ice			
Tracers	☐ W-SUC-AA-R ☐ W-UHERB-AA ☐ W-AHERB-AA	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-CARB-AA ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH ☐ W-SUC-AA-R	☐ Ice ☐ Other			
Place Preservative Sticker(s) Here (If Available)					

Blank

Time Zone: EST CEN		Time: _____	Field ID: _____ (BLANK_DDMYYYYY)		
DI Source: _____		Location: _____			
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank		Equipment ID: _____			
Parameter Suite	Parameter Methods	Preservation	Lot#	Expiration	pH Check
Preserved Nutrients	☐ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☐ Ice ☐ H ₂ SO ₄			☐ < 2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO ₃			☐ < 2
Filtered Nutrients	☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☐ Ice			
Chlorophyll	☐ CHLSUITE-W	☐ Ice			
Physical/Aggregate (Fresh)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Microbiology	☐ E Coli ☐ F Coli ☐ Enterococci	☐ Ice			
Molecular	☐ PCR-FILTER ☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-GULL2 ☐ PCR-GFD	☐ Ice			
Tracers	☐ W-SUC-AA-R ☐ W-UHERB-AA ☐ W-AHERB-AA	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-CARB-AA ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH ☐ W-SUC-AA-R	☐ Ice ☐ Other			
Place Preservative Sticker(s) Here (If Available)					
Notes:			Place Label Here		
Signature: _____				Date: _____	

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ QC Station ID, Field Parameters In LIMS DMT: _____
(Initials/Date) (Initials/Date)

Scan/Save Field Sheets _____ Migrate Data to WIN: _____ Verify Data In WIN: _____
(Initials/Date) (Initials/Date) (Initials/Date)