



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

Data Qualified?

Yes / No

WIN Station Name: _____ Date: _____

(mm/dd/yyyy)

WIN/ Field ID: _____ WBID: _____ Latitude: _____

(Decimal Degrees)

County: _____ ORG ID: _____ Longitude: _____

(Decimal Degrees)

Receiving Body of Water: _____ RQ-2022- _____

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check

Sampling Equipment		
☐ Sample Container	☐ Van Dorn	☐ Pole
☐ Carboy	☐ Syringe	
☐ Dipper	☐ Other _____	
Depth Measured with _____		
Equipment ID _____		
Collection Method		
☐ Wading	☐ Canoe/Kayak	
☐ From Shore	☐ Electric Motor	
☐ Other _____	☐ Gasoline Motor	

Water Level: Dry/ Pooled/ Low / Normal / High / Flooded Meter ID# _____ Matrix: Fresh / Marine / DI

Photos: Yes / No Flow: No Flow / Intestinal / Flowing / NA Tide: Rising/ Falling/ Slack/ NA Tide Times: High Low

Time Zone	Time	Total Depth (m)	Sample Depth (m)	Secchi Disk (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (PPT _h)	Sp COND (µmhos/cm)	Temp. (C°)
EST										
CEN										

Biological Samples Collected: None HA SCI RPS Algae ID LVS LVI Other:

SBIO ID Numbers: SBIO-ID: HA-ID: RPS-ID: Macrophyte-ID: LIMS#:

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			
Macroinvertebrates	☐ MI-FW-QLDC	☐ Formalin			
Periphyton	☐ ALGAE-ID	☐ 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-UHERB-AA ☐ W-AHERB-AA ☐ W-CARB-AA ☐ W-PCL-SQ-R ☐ W-PYR-AA-R ☐ W-GLYPH ☐ W-SUC-AA-R	☐ Ice ☐ Other _____			

Place Preservative Sticker(s) Here
(If Available)

Notes:	Place Label Here
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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)