

CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there is qualified data on

Meter ID:

451556 # 1

Project:

SMP SCI

- Notes: (1) Numbers ≤ 4 , are rounded down; numbers ≥ 5 are rounded up (e.g., 5.15 becomes 5.2).
 (2) Always wait for meter to stabilize before recording any readings.
 (3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.
 Circle/Fill In: Lab Calibration or Calibration/Verification on Site 2/11/16

Temperature (Quarterly) FT 1400

Date of Last Temperature Verification

DO DEP SOP	Name	Date	Time	Temp	D.O. Chart	Meter	% DO	Probe Charge	Probe Gain	Pass /	Lab /
FT 1500			CT-ET		ma/l	8.56					
Calibr.	P O'Connor	2/25/16	0713	23.1	8.56	100.0	100.0	-	-	Pass	LAB
ICV			0740	23.1	8.56	8.55	100.0	-	-	Pass	LAB
CCV	P O'Connor	2/25/16	1310	22.2	8.70	8.99	102.9	-	-	Pass	LAB
CCV											

Report DO mg/L with one decimal figure and DO % saturation as a whole number with no decimals.

DO

Acceptance criteria from Table ± 0.3 mg/L.

Rapid-Pulse Sensors: DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.

Optical: DO gain range 0.85 to 1.15; DO charge N/A.

Steady-state & Galvanic Sensors: DO Gain & Charge N/A.

Spec.	Name	Date	Time	Lot #	Expir. Date	Standard μ hos/cm	Meter Reading μ hos/cm	Pass /	Lab /
Cond.			CT-ET						
Calibr.	P O'Connor	02/25/16	0742	151136	11/2016	1000	1000	Pass	LAB
ICV			0744				1000	Pass	LAB
CCV	P O'Connor	02/25/16	1313	150701A	07/2016	100	101	Pass	LAB
CCV									

Report specific conductance as a whole number with no decimal figure.

Conductivity Acceptance criteria $\pm 5\%$

pH	Name	Date	Time	Lot #	Expir. Date	pH Buffer	Meter reading	mV	Pass /	Lab /
DEP SOP			CT-ET			SI	SI			
Calibr.	P O'Connor	02/25/16	0746	2504818	4/2017	7.0	7.00	-33.7	Pass	LAB
Calibr.			0748	2509574	09/2017	4.0	4.00	144.5	Pass	LAB
Calibr.			0750	2504824	10/2017	10.0	10.00	-204.8	Pass	LAB
ICV				2504818	4/2017	7.0	7.03	-33.0	Pass	LAB
CCV	P O'Connor	02/25/16	1315	2509574	09/2017	4.0	4.00	145.6	Pass	LAB
CCV										

Report pH with one decimal place; pH Acceptance criteria ± 0.2 SU; mV pH7 Range 0 ± 50 ;

mV pH 4 Range $+180 \pm 50$;

mV pH 10 Range -180 ± 50 ; Slope from 7 to 10 and 4 to 7 must be between 165 and 180 m

Depth (Quarterly)

Date of Last Depth Verification

Depth Sensor	Name	Date	Time	Zero the Sensor	ICV Value	Pass /	Lab /
Pressure mode in air				0.000			

ICV acceptance criteria $\pm 5\%$ or ± 0.05 m, whichever is greater

QA/QC Sample Information

Duplicate

Time Zone: EST CEN		Sample Depth (m): _____		Field ID: _____	
Time: _____		Total Depth (m): _____			
Parameter Suite	Parameter Methods	Preservation	Acid Lot#	Expiration	pH Check
Preserved Nutrients	☐ TKN / TP / Nox / NH3 / TOC ☐ Other _____	☐ Ice ☐ H ₂ SO ₄			☐ < 2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO ₃			☐ < 2
Filtered Nutrients	☐ oP ☐ Field Filtered 0.45 µm Filter	☐ Ice	Place Preservative Sticker(s) Here (If Available)		
Chlorophyll	☐ CHLSUITE-W	☐ Ice			
BOD	☐ BOD-INHB ☐ BOD-UNIN	☐ Ice			
Physical/Aggregate	☐ TSS / Turbidity / Alkalinity / Color ☐ Other _____	☐ Ice			
Microbiology	☐ E Coli ☐ F Coli ☐ Enteroc ☐ QPCR	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PC-AA-SF ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other _____			

Blank

Time Zone: EST CEN		Time: _____		Field ID: _____		Location: _____	
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank		Equipmet ID _____					
Parameter Suite	Parameter Methods	Preservation	Acid Lot#	Expiration	pH Check		
Preserved Nutrients	☐ TKN / TP / Nox / NH3 / TOC ☐ Other _____	☐ Ice ☐ H ₂ SO ₄			☐ < 2		
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO ₃			☐ < 2		
Filtered Nutrients	☐ oP ☐ Field Filtered 0.45 µm Filter	☐ Ice	Place Preservative Sticker(s) Here (If Available)				
Chlorophyll	☐ CHLSUITE-W	☐ Ice					
BOD	☐ BOD-INHB ☐ BOD-UNIN	☐ Ice					
Physical/Aggregate	☐ TSS / Turbidity / Alkalinity / Color ☐ Other _____	☐ Ice					
Microbiology	☐ E Coli ☐ F Coli ☐ Enteroc ☐ QPCR	☐ Ice					
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PC-AA-SF ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other _____					

Notes:

Place Label Here
(If Available)

Signature:

Date:

Field Parameters Entered into LIMS: _____ (Initials/Date) Field Parameters QC in LIMS: _____ (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: _____ (Initials/Date)