Depth Verification
Regional Operation Centers

SOP - S&T Sampling Manual and ROC Training Manual.
Report two decimal places for electronic devices. Report one decimal place for manual devices.
Numbers ≤4, are rounded down; numbers ≥ 5 are rounded up.

QUARTERLY VERIFICATION OF ELECTRONIC DEVICES (SONDE, SONAR DEVICE, ETC.)

Meter / Device ID#: YSI #1 **Date of Last Verification:** 7/12/18
Date: 10/10/18 **Time:** 1400 (ETZ) / CTZ **Verification Location:** SW Pond 2 DEP office
Person Performing Verification: P. Oconnor / C. Riben
Reference Device: Graduated Bucket / Metal Measuring Tape / (Meter Stick) / Other Secchi Disk 2
Depth measurements: Reference Device: 2.0 m ; **Device Being Tested:** 1.940 m
Result: (Pass) / Fail (acceptance Criteria 10%)

Meter / Device ID#: YSI #3 **Date of Last Verification:** 7/12/18
Date: 10/10/18 **Time:** 1400 (ETZ) / CTZ **Verification Location:** SW Pond 2 DEP office
Person Performing Verification: P. Oconnor / C. Riben
Reference Device: Graduated Bucket / Metal Measuring Tape / (Meter Stick) / Other Secchi Disk 2
Depth measurements: Reference Device: 2.0 m ; **Device Being Tested:** 1.890 m
Result: (Pass) / Fail (acceptance Criteria 10%)

Comments: Meter Stick #1, Secchi #2

6 MONTH VERIFICATION OF MANUAL DEVICES (SECCHI DISK, WEIGHTED LINE, ETC.)

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Comments: _____

Depth Verification
Regional Operation Centers

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Report two decimal places for electronic devices. Report one decimal place for manual devices.
Numbers ≤4, are rounded down; numbers ≥ 5 are rounded up.

QUARTERLY VERIFICATION OF ELECTRONIC DEVICES (SONDE, SONAR DEVICE, ETC.)

Meter / Device ID#: JEN #2 **Date of Last Verification:** 4/10/18
Date: 10/10/18 **Time:** 1400 (ETZ) / CTZ **Verification Location:** SW pond @ DEP office
Person Performing Verification: P. Oconnor / C. Ruben
Reference Device: Graduated Bucket / Metal Measuring Tape / (Meter Stick) / Other Secchi disk 2
Depth measurements: Reference Device: 2.0 m ; **Device Being Tested:** 1.897 m
Result: (Pass) / Fail (acceptance Criteria 10%)

Meter / Device ID#: Pro DSS **Date of Last Verification:** 7/12/18
Date: 10/10/18 **Time:** 1400 (ETZ) / CTZ **Verification Location:** SW Pond @ DEP office
Person Performing Verification: P. Oconnor / C. Ruben
Reference Device: Graduated Bucket / Metal Measuring Tape / (Meter Stick) / Other Secci Disk 2
Depth measurements: Reference Device: 2.0 m ; **Device Being Tested:** 2.007 m
Result: (Pass) / Fail (acceptance Criteria 10%)

Comments: Meter Stick #1, Secchi #2

6 MONTH VERIFICATION OF MANUAL DEVICES (SECCHI DISK, WEIGHTED LINE, ETC.)

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Comments: ~~Meter Stick #1, Secchi #2~~

Depth Verification
Regional Operation Centers

SOP - S&T Sampling Manual and ROC Training Manual.
Report two decimal places for electronic devices. Report one decimal place for manual devices.
Numbers ≤4, are rounded down; numbers ≥ 5 are rounded up.

QUARTERLY VERIFICATION OF ELECTRONIC DEVICES (SONDE, SONAR DEVICE, ETC.)

Meter / Device ID#: SEA #2 **Date of Last Verification:** 01-10-18
Date: 04-10-18 **Time:** _____ **ETZ / CTZ** **Verification Location:** DEP Lake Side
Person Performing Verification: A. Kalmbacher P. O'Connor
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____
Depth measurements: Reference Device: 2.0 **m ; Device Being Tested:** 1.855 **m**
Result: Pass / Fail (acceptance Criteria 10%) calibrated to 2.0m read 2.00Z

Meter / Device ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** _____
Person Performing Verification: _____
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____
Depth measurements: Reference Device: _____ **m ; Device Being Tested:** _____ **m**
Result: Pass / Fail (acceptance Criteria 10%)

Comments: _____

6 MONTH VERIFICATION OF MANUAL DEVICES (SECCHI DISK, WEIGHTED LINE, ETC.)

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m.**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Comments: _____

Meter Stick #1
Fisher Brand

Quarterly Depth Verification
Regional Operation Centers

SOP - S&T Sampling Manual and ROC Training Manual
Record depth reading with only one rounded decimal figure
Numbers ≤4, are rounded down; numbers ≥ 5 are rounded up

Meter ID#: ~~DEP#3~~ YSI PO Date: 07-12-18 Time: 1400
Location: SW Road behind DEP office
Date of Last Verification: 04-11-18
Depth using verified weighted line marked in increments of 0.1 m: 2.0 m
Depth read with the meter: 1.89 m
Pass/Fail: _____ (acceptance Criteria 10%)
Person Performing Verification: POconnor, K. Kirkbride

Secchi/Weighted Line ID#: D#3#1 Date: 07-12-18 Time: 1405
Location: Lab Date of Last Verification: 04-11-18

Incremental markings of 0.1 m checked 2.0 yes/no
Pass/Fail: V (acceptable criteria 10%) New increments done: _____ yes/no/NA

Total Length of Line marked in 0.1 m increments: 2.0 m
Reference meter stick or metal measuring tape: 1.0 m #1
Pass/Fail: _____ (acceptable criteria of 5%) New increments done: _____ yes/no/NA
Person Performing Verification: POconnor

Secchi/Weighted Line ID#: D#3 Date: 07-12-18 Time: _____
Location: Lab Date of Last Verification: 04-11-18

Incremental markings of 0.1 m checked 2.0 yes/no
Pass/Fail: _____ (acceptable criteria 10%) New increments done: _____ yes/no/NA

Total Length of Line marked in 0.1 m increments: 2.0 m
Reference meter stick or metal measuring tape: 1.0 m #1
Pass/Fail: _____ (acceptable criteria of 5%) New increments done: _____ yes/no/NA
Person Performing Verification: _____

Comments: _____

Quarterly Depth Verification
Regional Operation Centers

SOP - S&T Sampling Manual and ROC Training Manual
Record depth reading with only one rounded decimal figure
Numbers ≤4, are rounded down; numbers ≥ 5 are rounded up

Meter ID#: YSI ProDO #3 **Date:** 07-12-18 **Time:** 1423
Location: SW POND behind DEP office
Date of Last Verification: 04-11-18
Depth using verified weighted line marked in increments of 0.1 m: 2.0 m
Depth read with the meter: 2.0 m
Pass/Fail: _____ (acceptance Criteria 10%)
Person Performing Verification: P O'Connor, A Kalmbach

Secchi/Weighted Line ID#: D #3 **Date:** 07-12-18 **Time:** _____
Location: Lab **Date of Last Verification:** _____

Incremental markings of 0.1 m checked _____ **yes/no**
Pass/Fail: _____ (acceptable criteria 10%) **New increments done:** _____ **yes/no/NA**

Total Length of Line marked in 0.1 m increments: _____ **m**
Reference meter stick or metal measuring tape: _____ **m**
Pass/Fail: _____ **(acceptable criteria of 5%)** **New increments done:** _____ **yes/no/NA**
Person Performing Verification: P O'Connor

Secchi/Weighted Line ID#: D #3 **Date:** _____ **Time:** _____
Location: Lab **Date of Last Verification:** _____

Incremental markings of 0.1 m checked _____ **yes/no**
Pass/Fail: _____ (acceptable criteria 10%) **New increments done:** _____ **yes/no/NA**

Total Length of Line marked in 0.1 m increments: _____ **m**
Reference meter stick or metal measuring tape: _____ **m**
Pass/Fail: _____ **(acceptable criteria of 5%)** **New increments done:** _____ **yes/no/NA**
Person Performing Verification: P O'Connor

Comments: _____

Quarterly Depth Verification
Regional Operation Centers

SOP - S&T Sampling Manual and ROC Training Manual
Record depth reading with only one rounded decimal figure
Numbers ≤4, are rounded down; numbers ≥ 5 are rounded up

Meter ID#: DEP #154181 **Date:** 07-12-18 **Time:** 1415
Location: SW Pond behind DEP Office
Date of Last Verification: Factory Preset
Depth using verified weighted line marked in increments of 0.1 m: 2.0 m
Depth read with the meter: 1.98 m
Pass/Fail: _____ (acceptance Criteria 10%)
Person Performing Verification: PO'Connor

Secchi/Weighted Line ID#: D#3 **Date:** _____ **Time:** _____
Location: Lab **Date of Last Verification:** _____

Incremental markings of 0.1 m checked 2.0 yes/no
Pass/Fail: _____ (acceptable criteria 10%) **New increments done:** _____yes/no/NA

Total Length of Line marked in 0.1 m increments: 2.0 m
Reference meter stick or metal measuring tape: 1.0 m #1
Pass/Fail: _____ **(acceptable criteria of 5%)** **New increments done:** _____yes/no/NA
Person Performing Verification: _____

Secchi/Weighted Line ID#: _____ **Date:** _____ **Time:** _____
Location: Lab **Date of Last Verification:** _____

Incremental markings of 0.1 m checked _____ yes/no
Pass/Fail: _____ (acceptable criteria 10%) **New increments done:** _____yes/no/NA

Total Length of Line marked in 0.1 m increments: _____ m
Reference meter stick or metal measuring tape: _____ m
Pass/Fail: _____ **(acceptable criteria of 5%)** **New increments done:** _____yes/no/NA
Person Performing Verification: _____

Comments: _____

Form effective April 1, 2015

Depth Verification
Regional Operation Centers

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Numbers ≤4, are rounded down; numbers ≥ 5 are rounded up.

QUARTERLY VERIFICATION OF ELECTRONIC DEVICES (SONDE, SONAR DEVICE, ETC.)

Meter / Device ID#: YSI #4 **Date of Last Verification:** 01-10-18
Date: 04-10-18 **Time:** 0952 **ETZ / CTZ** **Verification Location:** FDEP Lakeside
Person Performing Verification: D. Kalmbacher, P. O'Connor
Reference Device: Graduated Bucket / Metal Measuring Tape / (Meter Stick) / Other _____
Depth measurements: Reference Device: 2.0 **m ; Device Being Tested:** 2.004 **m**
Result: (Pass) / Fail (acceptance Criteria 10%)

Meter / Device ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** _____
Person Performing Verification: _____
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____
Depth measurements: Reference Device: _____ **m ; Device Being Tested:** _____ **m**
Result: Pass / Fail (acceptance Criteria 10%)

Comments: _____

6 MONTH VERIFICATION OF MANUAL DEVICES (SECCHI DISK, WEIGHTED LINE, ETC.)

(Secchi)/Weighted Line ID#: D#3 **Date of Last Verification:** _____
Date: 04-10-18 **Time:** 1045 **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: O'Connor
Reference Device: Metal Measuring Tape / (Meter Stick) / Other _____
Incremental markings of 0.1 m checked: (YES) / NO **Result: (Pass) / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings 2.0 **m ; measured by reference device** 2.0 **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / (NO)**

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Comments: _____

Depth Verification
Regional Operation Centers

SOP - S&T Sampling Manual and ROC Training Manual.
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Numbers ≤4, are rounded down; numbers ≥ 5 are rounded up.

QUARTERLY VERIFICATION OF ELECTRONIC DEVICES (SONDE, SONAR DEVICE, ETC.)

Meter / Device ID#: YSI-3 Date of Last Verification: 01-10-18
Date: 04-10-18 Time: 0955 ETZ / CTZ Verification Location: DEP Lake Side
Person Performing Verification: A. Kalmbacher, P. O'Connor
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____
Depth measurements: Reference Device: 2.0 m ; Device Being Tested: 2.079 m
Result: Pass / Fail (acceptance Criteria 10%) Meter CALibrated to 2.0 m read 2.00 3M

~~Meter / Device ID#:~~ D1 Date of Last Verification: _____
Date: 04-10-18 Time: 1030 ETZ / CTZ Verification Location: LAb
Person Performing Verification: OConnor
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____
Depth measurements: Reference Device: 2.0 m ; Device Being Tested: 2.00 m
Result: Pass / Fail (acceptance Criteria 10%) 10

Comments: _____

6 MONTH VERIFICATION OF MANUAL DEVICES (SECCHI DISK, WEIGHTED LINE, ETC.)

Secchi/Weighted Line ID#: D1 Date of Last Verification: _____
Date: 04-10-18 Time: 1030 ETZ / CTZ Verification Location: Lab
Person Performing Verification: OConnor
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO Result: Pass / Fail (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings 2.0 m ; measured by reference device 2.0 m
Result: Pass / Fail (acceptable criteria of 5%) Markings redone: YES / NO

Secchi/Weighted Line ID#: _____ Date of Last Verification: _____
Date: _____ Time: _____ ETZ / CTZ Verification Location: Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO Result: Pass / Fail (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ m ; measured by reference device _____ m
Result: Pass / Fail (acceptable criteria of 5%) Markings redone: YES / NO

Comments: _____

Depth Verification
Regional Operation Centers

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QUARTERLY VERIFICATION OF ELECTRONIC DEVICES (SONDE, SONAR DEVICE, ETC.)

Meter / Device ID#: YSI Pro **Date of Last Verification:** 01-10-18
Date: 04-10-18 **Time:** 0958 **ETZ / CTZ** **Verification Location:** DEP Lake Side
Person Performing Verification: A. Krumbach / L. O'Connor
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____
Depth measurements: Reference Device: 2.00 **m ; Device Being Tested:** 2.005 **m**
Result: Pass / Fail (acceptance Criteria 10%)

Meter / Device ID#: YSI Pro **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** _____
Person Performing Verification: _____
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____
Depth measurements: Reference Device: _____ **m ; Device Being Tested:** _____ **m**
Result: Pass / Fail (acceptance Criteria 10%)

Comments: _____

6 MONTH VERIFICATION OF MANUAL DEVICES (SECCHI DISK, WEIGHTED LINE, ETC.)

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Secchi/Weighted Line ID#: _____ **Date of Last Verification:** _____
Date: _____ **Time:** _____ **ETZ / CTZ** **Verification Location:** Lab
Person Performing Verification: _____
Reference Device: Metal Measuring Tape / Meter Stick / Other _____
Incremental markings of 0.1 m checked: YES / NO **Result: Pass / Fail** (acceptable criteria 10%)
Total length of line (up to anticipated depth encountered in field) checked: YES / NO
Total Length: indicated by line markings _____ **m ; measured by reference device** _____ **m**
Result: Pass / Fail (acceptable criteria of 5%) **Markings redone: YES / NO**

Comments: _____