

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

Meter ID: 154177 RQ: 2010-08-10-36 Project: SMP

Boldly "X" this box if there are qualified data on this page.

Notes: (1) Always wait for meter to stabilize before recording any readings.
(2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).
(3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400									
DO	Name	Date	Time	Temp	Baro-	D.O.	Meter	% DO	Pass
DEP SOP			CT-ET	°C	meter	Chart	D.O.		Lab
FT 1500					mmHg	mg/L	mg/L		Field
Calibr.	Paul Blair	8-12-20	7:48	22.1	757.4	8.70	8.74	100.4	1.03
ICV	"	"	7:49	22.1	757.4	8.76	8.75	100.3	u
CCV	"	"	15:00	23.4	756.6	8.47	8.50	100.7	u
CCV									P/F

DO Acceptance criteria from Table 2 ± 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 (Pro BSS 0.75 to 1.50); DO charge N/A. Steady-state & Galvanic Sensors: DO Gain & Charge N/A.

Spec.	Name	Date	Time	Lot #	Expir.	Standard	Meter	Pass
Cond.			CT-ET		Date	µmhos/cm	Reading	Lab
FT 1200							µmhos/cm	Field
Calibr.	Paul Blair	8/12	7:55	2004070	4-21	1000	1000	u
ICV	"	"	7:58	2905463	5-21	100	100.9	u
CCV	"	"	15:01	191019A	10-20	10000	10009	u
CCV								P/F

Conductivity Acceptance criteria ± 5%

pH	Name	Date	Time	Lot #	Expir.	pH	Temp	Meter	Pass
DEP SOP			CT-ET		Date	Buffer	°C	reading	Lab
FT 1100						SU		SU	Field
Calibr.	Paul Blair	8-12	8:10	2004070	10-21	7.00	22.3	7.01	u
Calibr.	"	"	8:11	200221B	9-21	4.01	22.3	4.01	u
Calibr.	"	"	8:12	1904050	10-20	10.03	22.4	10.03	u
ICV	"	"	8:13	"	"	10.03	22.4	9.99	u
CCV	"	"	15:07	200221B	9-21	4.01	22.5	4.11	u
CCV									P/F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 50;
If mV are recorded: slope from 7 to 10 57.0 slope from 4 to 7 168.5 (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)
If YES, complete daily Calibr. & ICV below and list date of last quarterly depth verification: 7-20
If NO, what will be used? (circle one) Secchi Disk Line / Sonar Unique ID: _____ Date of last verification: _____

Depth Sensor	Name	Date	Time	Calibrated	ICV Value,	Pass
(Daily Calibration & ICV)			CT-ET	Value (0.00 or Offset), meters	meters	Lab / Field
Pressure mode in air	Paul Blair	8-12-20	8:12			P/F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria ± 5% or ± 0.05m, whichever is greater.

COMMENTS: