

SAMPLE TRACKING SHEET

Station Name _____

Sheet _____ of _____

River _____

Station Number _____

Volunteer Group _____

***Remember every 5th metal sample event should include a duplicate and blank sample.**

SAMPLE DATE	SAMPLE TIME	DESCRIPTION					
		Metals		Nutrients		Macroinvertebrates	
		Filtered (F) <input type="checkbox"/>	Non-Filtered(NF) <input type="checkbox"/>	TSS / CS <input type="checkbox"/>	NP <input type="checkbox"/>	Yes <input type="checkbox"/>	
		F Blank <input type="checkbox"/>	NF Blank <input type="checkbox"/>	Duplicate			
		F Duplicate <input type="checkbox"/>	NF Duplicate <input type="checkbox"/>	TSS / CS <input type="checkbox"/>	NP <input type="checkbox"/>	QA sample <input type="checkbox"/>	
		Filtered (F) <input type="checkbox"/>	Non-Filtered(NF) <input type="checkbox"/>	TSS / CS <input type="checkbox"/>	NP <input type="checkbox"/>	Yes <input type="checkbox"/>	
		F Blank <input type="checkbox"/>	NF Blank <input type="checkbox"/>	Duplicate			
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