

MERCURY DEPOSITION NETWORK MDN OBSERVER FORM (MOF)

Send completed form with each sample to:
NADP Sample Receiving, 465 Henry Mall, Madison, WI 53706

Problems? Call NADP Site Support at 1-800-952-7353
e-mail: mdn@slh.wisc.edu

RECEIVER INITIALS	<input type="text"/>	<input type="text"/>	<input type="text"/>
BAG OPEN? LEAK?			
FOR OFFICE USE ONLY			

Place barcode sticker here

<p>1. SITE</p> <p>Name _____</p> <p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> SITE ID </p>					<p>2. OBSERVER (OFF)</p> <p>Print name _____</p> <p style="text-align: right;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> Initials </p>																																																																																																																																														
<p>3. COLLECTION</p> <p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> BOTTLE ID </p> <p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> BOX ID </p> <p style="text-align: center;">Date _____ Time _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">MO</td> <td style="width: 15%;">DAY</td> <td style="width: 15%;">YR</td> <td style="width: 15%;">0001-2400</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">ON</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">OFF</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p style="text-align: center;">DAYLIGHT SAVINGS TIME? <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>											MO	DAY	YR	0001-2400				ON	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OFF	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<p>4. SITE OPERATIONS Check YES, NO, or U (Unable to determine) for each sample. If NO or U for Item 1 or 2, describe in Block 9 and call NADP Site Support 1-800-952-7353</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>YES</th><th>NO</th><th>U</th></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> </table> <ol style="list-style-type: none"> The collector sensor heater and motor box operated properly. Lid is in correct position Raingage operated properly during the week. Collector opened and closed at least once during the week, other than for testing. Raingage in winterized state during sampling period (antifreeze in bucket). Fresh antifreeze added during sampling period? Date _____ Time _____ 	YES	NO	U	2	1	0	2	1	0	2	1	0	YES	NO	2	1	2	1																																																																																													
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<p>5. SAMPLE CONDITION</p> <p>Check type of contamination for each sample. Describe all contamination in Block 9, including any not listed here.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> </table> <ol style="list-style-type: none"> Bird droppings Cloudy or discolored <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> </table> <ol style="list-style-type: none"> Soot/ash/dirt particles Insects/animal matter <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> </table> <ol style="list-style-type: none"> Leaves/twigs/pollen/plant matter Handling contamination 	YES	NO	2	1	2	1	YES	NO	2	1	2	1	YES	NO	2	1	2	1	<p>6. OVERFLOW</p> <p>(Check one) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Amount of Overflow _____ mL</p> <p>ENCLOSURE TEMPERATURE (circle one)</p> <p>MAX <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> °F °C</p> <p>MIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> °F °C</p>																																																																																																																																
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<p>7. PRECIPITATION RECORD All sites must circle Precipitation Type</p> <p style="text-align: center;">R – Rain Only (Includes Hail) S – Snow Only M – Mixture U – Unknown</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th colspan="3">MON</th> <th colspan="3">TUES</th> <th colspan="3">WED</th> <th colspan="3">THURS</th> <th colspan="3">FRI</th> <th colspan="3">SAT</th> <th colspan="3">SUN</th> <th colspan="3">MON</th> <th colspan="3">TUES</th> <th colspan="3">WED</th> </tr> <tr> <td>Type circle one →</td> <td>R</td><td>S</td><td>M</td><td>U</td> <td>R</td><td>S</td><td>M</td><td>U</td> <td>R</td><td>S</td><td>M</td><td>U</td> <td>R</td><td>S</td><td>M</td><td>U</td> <td>R</td><td>S</td><td>M</td><td>U</td> <td>R</td><td>S</td><td>M</td><td>U</td> <td>R</td><td>S</td><td>M</td><td>U</td> <td>R</td><td>S</td><td>M</td><td>U</td> <td>R</td><td>S</td><td>M</td><td>U</td> </tr> <tr> <td>Amount Inches or circle one →</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td></td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> <td>Z</td><td>T</td><td>MM</td> </tr> </table> <p style="text-align: center;">Z – Zero T – Trace (Circle Type) MM - Missing</p> <p>Data downloaded from raingage on : Date _____ Time _____</p> <p style="text-align: right;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> Total Raingage Depth (inches) </p> <p><i>E-gage sites: Please submit your electronic raingage data promptly after shipping sample. Email data to: nadp-precip@slh.wisc.edu or upload at http://nadp.slh.wisc.edu/upload/ppt</i></p>		MON			TUES			WED			THURS			FRI			SAT			SUN			MON			TUES			WED			Type circle one →	R	S	M	U	R	S	M	U	R	S	M	U	R	S	M	U	R	S	M	U	R	S	M	U	R	S	M	U	R	S	M	U	R	S	M	U	Amount Inches or circle one →																																						Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM	Z	T	MM					
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<p>8. SUPPLIES</p> <p>Circle if needed, until received.</p> <table style="width: 100%;"> <tr> <td>Gloves (S, M, L)</td> <td>Field forms</td> </tr> <tr> <td>Sample bottle</td> <td>Funnel</td> </tr> <tr> <td>Dry side bag</td> <td>Thistle</td> </tr> <tr> <td>Air filter</td> <td>Lid seal pad</td> </tr> <tr> <td>RO water</td> <td>Packing tape</td> </tr> <tr> <td>Site ID Barcode labels</td> <td></td> </tr> </table>	Gloves (S, M, L)	Field forms	Sample bottle	Funnel	Dry side bag	Thistle	Air filter	Lid seal pad	RO water	Packing tape	Site ID Barcode labels		<p>9. REMARKS For example: equipment malfunction, extreme weather conditions, contamination, farming, burning, logging, leakage, etc.</p>																																																																																																																																						
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