



NATIONAL TRENDS NETWORK FIELD OBSERVER REPORT FORM (FORF)

Send Completed Form with Each Sample to:
NADP Sample Receiving, 465 Henry Mall, Madison, WI 53706

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

RECEIVER INITIALS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NO BOTTLE	<input style="width: 100%;" type="text"/>	BAG LEAK	
FOR OFFICE USE ONLY			

Place barcode sticker here

1. SITE Name _____ ID <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	2. OBSERVER Print name _____ Initials <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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3. FIELD BUCKET ON OFF <table style="width: 100%; text-align: center;"> <tr> <th colspan="3">Date</th> <th colspan="3">Time</th> </tr> <tr> <th>MO</th><th>DAY</th><th>YR</th> <th colspan="3">0001-2400</th> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	Date			Time			MO	DAY	YR	0001-2400			<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	4. SITE OPERATIONS <i>Check YES, NO, or U (Unable to determine) for each field bucket. If NO or U for Item 1 or 2, describe in Block 10 and call NADP Site Support 1-800-952-7353</i> <table style="width: 100%; margin-top: 10px;"> <tr> <th>YES</th><th>NO</th><th>U</th> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table> <ol style="list-style-type: none"> 1. The collector sensor heater and motor box operated properly. Lid is in correct position 2. Raingage operated properly during the week. 3. Collector opened and closed at least once during the week, other than for testing. 4. Raingage in w interized state during sampling period (antifreeze in bucket & funnel out). 	YES	NO	U	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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5. SAMPLE CONDITION <i>Check type of contamination for all field buckets before and after decanting. Describe all contamination in Block 10, including any not listed here.</i>	<table style="width: 100%; text-align: center;"> <tr> <th>YES</th><th>NO</th> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table> <ol style="list-style-type: none"> 1. Bird droppings 2. Cloudy or discolored 	YES	NO	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<table style="width: 100%; text-align: center;"> <tr> <th>YES</th><th>NO</th> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table> <ol style="list-style-type: none"> 3. Soot/ash/dirt particles 4. Insects/animal matter 	YES	NO	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<table style="width: 100%; text-align: center;"> <tr> <th>YES</th><th>NO</th> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td><td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table> <ol style="list-style-type: none"> 5. Leaves/twigs/pollen/plant matter 6. Handling contamination 	YES	NO	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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After decanting into sample bottle, look closely at sample and field bucket and double-check your entry.

6. BUCKET SAMPLE WEIGHT <i>Record ALL sample weights, even If DRY week or NO SAMPLE in bucket.</i> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;"><input style="width: 100%;" type="text"/></td> <td style="width: 20%;"><input style="width: 20px; height: 20px;" type="text"/></td> <td>2. Bucket/Bag + Lid + Sample</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>1. Prepared Bucket/Bag (No Lid) (Weigh before going to site)</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>3. Lid</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>Sample Weight (grams)</td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	2. Bucket/Bag + Lid + Sample	<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	1. Prepared Bucket/Bag (No Lid) (Weigh before going to site)	<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	3. Lid	<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Sample Weight (grams)	7. PRECIPITATION RECORD <i>All sites must circle Precipitation Type</i> <p style="text-align: center; margin-top: 5px;">← Bucket On R – Rain Only (Includes Hail) S – Snow Only M – Mixture U – Unknown Bucket Off →</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th rowspan="2">Type <i>circle one</i></th> <th colspan="2">TUES</th><th colspan="2">WED</th><th colspan="2">THURS</th><th colspan="2">FRI</th><th colspan="2">SAT</th><th colspan="2">SUN</th><th colspan="2">MON</th><th colspan="2">TUES</th> </tr> <tr> <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> <th rowspan="2">Amount Inches or <i>circle one</i></th> <td colspan="2">Z</td><td colspan="2">T</td><td colspan="2">MM</td> <td colspan="2">Z</td><td colspan="2">T</td><td colspan="2">MM</td> <td colspan="2">Z</td><td colspan="2">T</td><td colspan="2">MM</td> <td colspan="2">Z</td><td colspan="2">T</td><td colspan="2">MM</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Z – Zero T – Trace (Circle Type) MM – Missing</p> <p>Sample Weight (grams) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ← Do these values agree within ± 5%? → <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>X 0.00058 inches/gram = Sample Depth (inches) YES <input type="checkbox"/> NO <input type="checkbox"/> (If no, reweigh) Total Raingage Depth (inches)</p> <p><i>E-gage sites: Please submit your electronic raingage data promptly after shipping this sample.</i></p> <p><i>Email data to: nadp-precip@slh.wisc.edu or upload at http://nadp.slh.wisc.edu/upload/ppt</i></p>	Type <i>circle one</i>	TUES		WED		THURS		FRI		SAT		SUN		MON		TUES		R	S	M	U	R	S	M	U	R	S	M	U	R	S	M	U	R	S	M	U	Amount Inches or <i>circle one</i>	Z		T		MM		Z		T		MM		Z		T		MM		Z		T		MM		8. SAMPLE BOTTLE USE <i>Pour ANY and ALL liquid up to 1-liter into the sample bottle.</i> Did you pour sample into the bottle? YES <input type="checkbox"/> NO <input type="checkbox"/>
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9. SUPPLIES <i>Request early. Circle if needed.</i> CAL address labels Lid seal pad Packing tape Gloves (S, M, L) Dry sample env. Field forms 1L bottles 1L boxes	10. REMARKS <i>For example: equipment malfunction, contamination, farming, burning, logging, leakage before weighing, etc.</i>
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