



Field Observation Form for Recreational Water Sampling

Date: ____/____/____

Samplers Name: _____

Today's Weather: _____ Temp: _____

Rain in past: 24 hours? **Yes / No** 48 hours? **Yes / No**

Site Code	Site Name	Water Body Type: (O, R, L...)	Time	Wind Direction (N, E, S, W etc.)	Wind Speed (0-4) or (km/h)	Tide: (H, M, L) Or (m)	Water Cond: Calm/ Med/ Rough	Water Clarity (1-5) 1= very clear, or (m)	** Turbidity (NTU)	Water Temp °C	** pH	** EC (µS/cm)	** TDS (mg/L)	Algae (Y/N)	Drain Flowing (Y/N)	~ No. Birds	No. Dogs	Other Animal Type (Y/N)	~ No. Bathers	~ No. People on Beach	No. Boats	Comments	

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****Optional Tests**

More Information:

Water Unit | Environmental Health Directorate
 Department of Health
 PO Box 8172
 PERTH BUSINESS CENTRE WA 6849

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