

SATELLITES & SAMPLES

10.02.23

Data Sheet

COLLECTOR NAME: _____

COLLECTOR EMAIL: _____

DO YOU HAVE A FIELDSCOPE
ACCOUNT ALREADY?

YES

NO

!!!MOST IMPORTANT!!! GPS Location & Suggested Name for Sample Location	Latitude and Longitude			Sample Name	
	Time Collected				
What was the percent cloud cover when collecting? (Circle one)	Clear 0-5%	Mostly Clear 25%	Partly Cloudy 50%	Mostly Cloudy 75%	Cloudy 90-100%
What was the wind like? (Circle one)	Calm	Light to Breezy	Breezy	Windy	Strong Winds
How were the waves? (Circle one)	Completely Calm	Ripples to small wavelets	Few whitecaps	Frequent whitecaps	Many whitecaps
What was the air temperature?					
Did you notice submerged aquatic vegetation (SAV), also known as "seaweed" growing in the surrounding area?	Yes	No			

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INSTRUMENT ID: _____
(LAB USE ONLY)

	1	2	3		
HydroColor Readings (Optional)					
In Vivo Chlorophyll Reading (Lab Use Only)					
CDOM Reading (Lab Use Only)					
Turbidity Reading (Lab Use Only)					
Secchi Disk Readings (Optional)					
Notes (Was there anything about your collection site that could have affected the sample? An example would be if you sampled near a busy boat ramp)					