



STATUS AND TREND QUALITY ASSURANCE/ QUALITY CONTROL

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Division of Environmental Assessment and Restoration/
Water Quality Monitoring Program
Florida Department of Environmental Protection

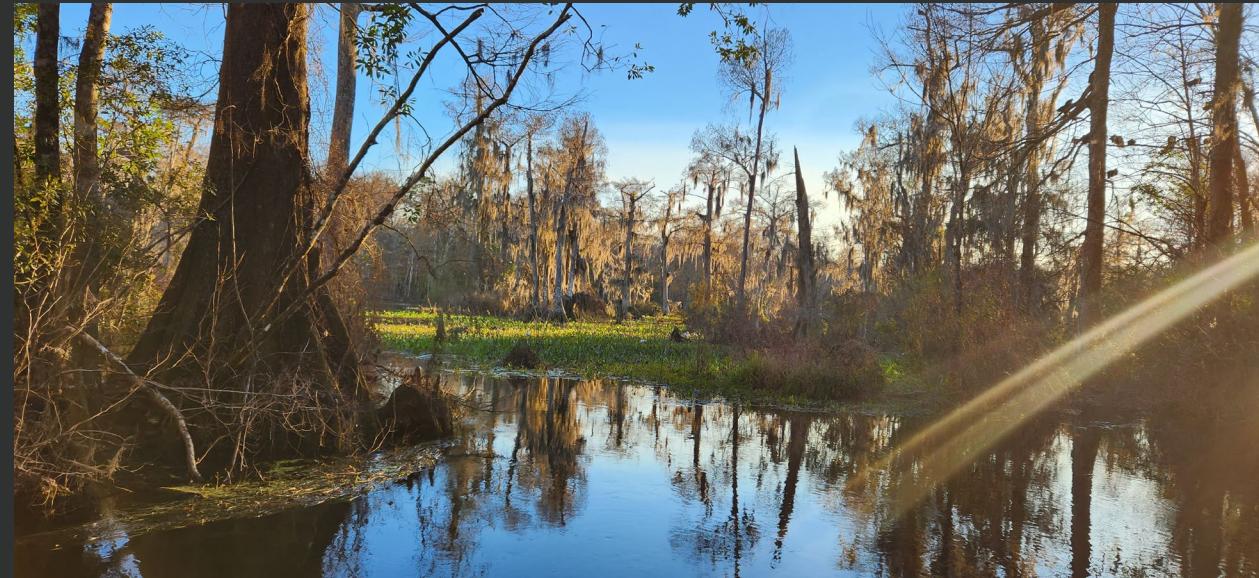
Tallahassee, FL | November 4, 2025



Quality Assurance and Quality Control For Status and Trend

Presentation Topics

- Documentation - Sampling Manual Section 12.
- Field Collected Blanks - Sampling Manual Section 14.
- Field Audits - Sampling Manual Section 14.



Wakulla Springs



DOCUMENTATION

- Provides a complete history of any data collected from project initiation to completion.
- Includes **all** associated activities.
- Documentation should support a complete and independent reconstruction of the sampling event.



Source: Pexels



GENERAL DOCUMENTATION QA

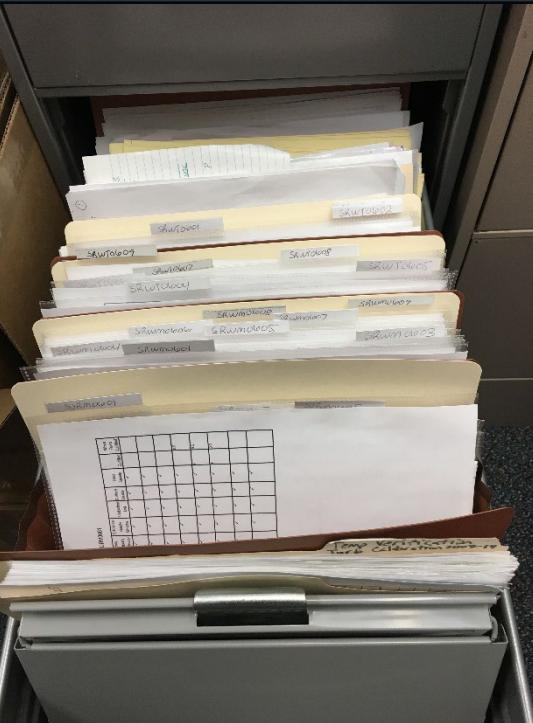
- Do not leave spaces blank!
- Corrections: single line with initials.

PARAMETER	VALUE	QUALIFIER(S)	RESULT COMMENT
Sample Collection Depth (m)	0.3		
Secchi Depth (m)	0.6 0.5 (SS)		
Total Depth (m)	5.7		
Temp (°C)	24.7		

- Use the “Comments” sections.
If in doubt, write it down!



DOCUMENTATION RETENTION



- Status and Trend “projects” are ongoing. All records must be kept indefinitely.
- Retain paper copies – scan and distribute as needed.

(Transfer information from paper field sheets to Survey123.)



DOCUMENTATION RETENTION

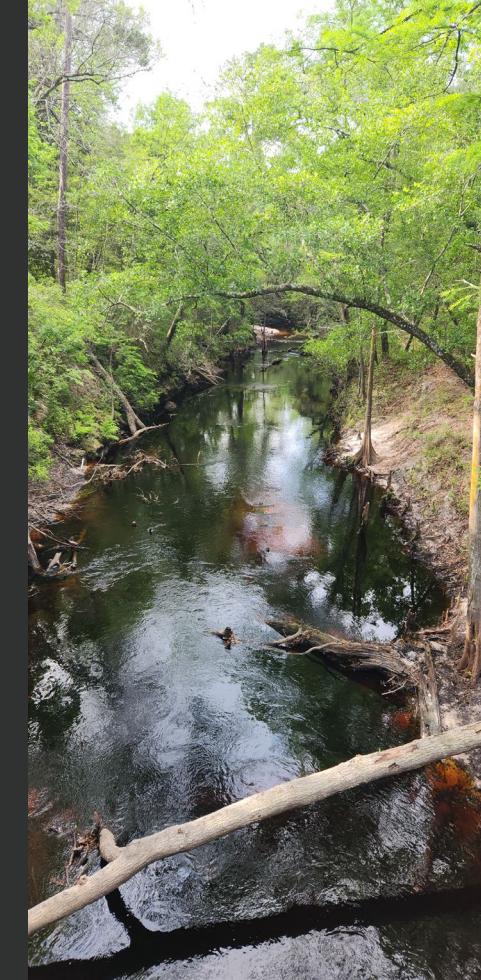
For electronic documents generated when submitting data to Survey123:

- Transfer Field Sheets and Custody Sheets from SharePoint to a more permanent storage space.
- If edits/signatures were added, remember to transfer the edited version of the document.



REQUIRED DOCUMENTATION FOR ALL STATUS & TREND PROJECTS

- QA Report
- Field Sheets
- Custody Sheets
- Calibration Log(s)
- Equipment Cleaning Log
- Equipment Maintenance Log
- Standards / Reagents Log



Sopchopy River



QUALITY ASSURANCE (QA) REPORT

- **Purpose.**
 - Summarize QA activities for each project.
 - Report is used by Project Manager and Data Reviewers.
- **Requirements.**
 - Number of samples and blanks collected per project.
 - If samples collected ≠ samples scheduled, indicate why.
 - Indicate if any audits were conducted.
 - Describe any problems/QA issues.
 - Coordination/assistance received (e.g., multiple ROCs collecting samples for a single project).



- QA Report Template.
- Figure 39 Sampling Manual, page 174.

Quality Assurance Report for Status Network and Trend Network Projects

Instructions: Please include a completed report with each set of project paperwork sent to your Project Manager in the Watershed Monitoring Section (WMS). Multiple projects can be included in the same report if paperwork is being submitted at the same time (e.g. Surface Water and Ground Water Trend from the same month).

Name of Person Completing Report: _____ Date: _____

Project	Number of Samples Scheduled	Number of Samples Collected*	Number of Field Blanks Collected	Number of Equipment Blanks Collected

*If number of samples collected ≠ number of samples scheduled, please explain:

Were any internal audits conducted by your team during these projects? Y / N

Were any external audits conducted by WMS or other entities during these projects? Y / N

If audits were conducted, list project(s) and date(s): _____

Describe any cross-sampling or other collaborative efforts that occurred during these projects:

Describe any quality assurance issues, corrective actions, or other notable circumstances that affect data collected for these projects (e.g. equipment malfunctions, calibration verification failures, deviations from established sampling procedures):



REQUIRED DOCUMENTATION FOR ALL STATUS & TREND PROJECTS

✓ QA Report

- Field Sheets
- Custody Sheets
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- Equipment Cleaning Log
- Equipment Maintenance Log
- Standards / Reagents Log



Rock Springs / Kelly Park



FIELD SHEETS

USE THE MOST RECENT VERSIONS

Oct 2023 Groundwater
Jan 2024 Surface Water

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATUS & TREND NETWORKS FIELD SHEET - SURFACE WATER
Effective: January 2024

Collection Agency: Project Name: Date: _____

Trend Network Station Name: OR
Status Network Random ID: _____

Waterbody Name: _____ RQ-_____

Waterbody Type: CANAL / RIVER / STREAM / LARGE LAKE / SMALL LAKE

Sampling Team Member Names	Field Instruments	Water Sample Collection	Documentation	Navigation	Field Equip.	Field Cleaning	Sample Cleaning	Blue Bag	Signatures
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Additional Personnel / Visitors On-site: _____

Weather Conditions: _____

Photos Taken: Yes / No (Required for all Status stations. Required annually for all Trend stations.)

Water Level: Low / Normal / High / Flooded Above Banks (DO NOT sample for Status CN / LR / SS)
Flow: No Flow / Flowing / NA

Tide: Rising / Falling / Slack / NA

QA/QC Blank Collected at this station? None / Field Blank / Equip. Blank

QA/QC Blank Field ID: _____ Collection Time (24 hr): _____ ETZ / CTZ

Van Dorn Equip. ID / Name: _____ Cleaning: Lab-Cleaned / Field-Cleaned

Bioassessment Data Collected: None / HA / SCI / RPS / LVS / LVI

Sediment Sample Collected: NO / YES Sed. Collection Time (24hr): _____ ETZ / CTZ

Sed. Collection Depth (m): _____ (total water depth) Number of Grabs: _____ (minimum 3)

Sed. Collection Interval: Top 3-5 cm / Other (if top 3-5 cm is too fluctuating)

Sed. Collection Area Description (e.g. near east shore; central): _____

Sed. Collection Device: Coer / Elman / Petite Ponar Device ID: _____

Dominant Sed. Type (select one): Clay/Silt / Sand / Gravel/Shell Rubble / Organic Muck (very fine grained, flocculent)

Sediment Odors (select one): Normal / Sewage / Petroleum / Hydrogen Sulfide / Other

Sediment Color: _____

Sediment Sample Comments: _____

Field ID: _____ Project Name: _____ Date: _____

Water Sampling Equipment: Direct Grab with Sample Container / # of Grabs; _____ Equipment ID: _____

Collection Method: Wading / From Shore or Structure / Canoe or Kayak / Air Boat / Boat - Gasoline Motor / Boat - Electric Motor / Other

Field Meter ID: _____

Depth Measurement Device: Field Meter Listed Above / Other

DATA COLLECTION DEPTHS: Total depth > 0.1 m - no data collection. Total depth < 0.1m & > 0.0m - surf. meas. & sample at mid-depth. Total depth < 0.0m & > 1.5m - surface items. & sample at 0.0m. Total depth > 1.5m - surface items & sample at 0.0m; bottom items: 0.5m above bottom.

PRIMARY (SURFACE) SAMPLE: Collection Time (24 hr): _____ ETZ / CTZ

Check here if Secchi depth visible on bottom (S qualifier needed).
 Check here if bottom measurements not collected because total depth < 1.5m.

PARAMETER	VALUE	QUALIFIER(S)	RESULT COMMENT
D.O. (mg/L)			
D.O. (% SAT)			
Temp (°C)			
pH (SU)			
Sample Collection Depth (m)			
Secchi Depth (m)			
Total Depth (m)			
Sp. Cond. (umhos/cm)			
BOTTOM SAMPLE (FIELD MEAS. ONLY) Collection Time (24 hr): _____ <input type="checkbox"/> ETZ / <input type="checkbox"/> CTZ			
PARAMETER	VALUE	QUALIFIER(S)	RESULT COMMENT
D.O. (mg/L)			
D.O. (% SAT)			
Temp (°C)			
pH (SU)			
Sample Collection Depth (m)			
Sp. Cond. (umhos/cm)			
SAMPLE COMMENTS			
PRIMARY (SURFACE):			
BOTTOM:			
OFFICE USE ONLY			
Reviewed By: _____	Date: _____	WIN ID: _____	SBIO-Visit: _____
HA-ID: _____	RPS-ID: _____	Macro-ID: _____	

RQ-2020-_____

Collected By (Agency Code): _____ Sampler Name: _____

Customer: AMBIENT Lab Project ID: SW-TREND / STATUS / BMAP

Place: _____ QA/QC Blank ID: _____ Label Here

Comments: _____

Sulfuric Acid Lot #: _____

Nitric Acid Lot #: _____

Matrix: W-SURF-FRESH / W-SURF-SALT Grab

Date Collected	Time Collected	D.O. (% SAT)	Temp (°C)	pH (SU)	Sample Depth (m)	Sp. Cond. (umhos/cm)
<input type="checkbox"/> ETZ	<input type="checkbox"/> CTZ					

Check Boxes for Each Container Submitted to Lab

Parameter Suite	Lab Test Codes	Trend Core	Status Core	Lab Test Codes	Special Projects	
Chlorophyll (0-500ML)	<input type="checkbox"/> CHELSITE-W	<input type="checkbox"/> CHELSITE-W		<input type="checkbox"/> Lab		
Nutrients (0-500ML)	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC		<input type="checkbox"/> 2ML H2SO4	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Metals (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /		<input type="checkbox"/> 2ML HNO3	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Animals / Phys. Aggregate (0-500ML)	<input type="checkbox"/> W-ALGAE-W-CP /	<input type="checkbox"/> W-ALGAE-W-CP /				
Turbidity (0-500ML)	<input type="checkbox"/> W-TURB /	<input type="checkbox"/> W-TURB /				
Microbiology (0-250ML or 0-500ML)	<input type="checkbox"/> ECOLI-14-QT	<input type="checkbox"/> ECOLI-14-QT				
Toxins (0-250ML)	<input type="checkbox"/> W-MCYST-AA	<input type="checkbox"/> W-MCYST-AA				
Alkalinity (0-250ML)	<input type="checkbox"/> PCK-BACR / PCK-DO / PCK-GRD / PCK-LS / PCK-PS / PCK-TH	<input type="checkbox"/> PCK-BACR / PCK-DO / PCK-GRD / PCK-LS / PCK-PS / PCK-TH				
Trans (0-500ML)	<input type="checkbox"/> W-6321-QM	<input type="checkbox"/> W-6321-QM				
BOD (0-500ML)	<input type="checkbox"/> W-6000-UN	<input type="checkbox"/> W-6000-UN				
Permeability (0-500ML)	<input type="checkbox"/> W-PSNP-QQ	<input type="checkbox"/> W-PSNP-QQ				
Filtered Nutrient (0-150ML)	<input type="checkbox"/> W-PO4-F	<input type="checkbox"/> W-PO4-F		<input type="checkbox"/> Field Filtered w/ syringe	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
				<input type="checkbox"/> 0.45 um PES filter		

Check Boxes for Each Container Submitted to Lab

Parameter Suite	Lab Test Codes	Trend Core	Status Core	Lab Test Codes	Special Projects	
Chlorophyll (0-500ML)	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC		<input type="checkbox"/> 2ML H2SO4	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Nutrients (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /		<input type="checkbox"/> 2ML HNO3	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Metals (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /				
Animals / Phys. Aggregate (0-500ML)	<input type="checkbox"/> W-ALGAE-W-CP /	<input type="checkbox"/> W-ALGAE-W-CP /				
Turbidity (0-500ML)	<input type="checkbox"/> W-TURB /	<input type="checkbox"/> W-TURB /				
Microbiology (0-250ML or 0-500ML)	<input type="checkbox"/> ECOLI-14-QT	<input type="checkbox"/> ECOLI-14-QT				
Toxins (0-250ML)	<input type="checkbox"/> W-MCYST-AA	<input type="checkbox"/> W-MCYST-AA				
Alkalinity (0-250ML)	<input type="checkbox"/> W-6000-UN	<input type="checkbox"/> W-6000-UN		<input type="checkbox"/> W-6321-QU	<input type="checkbox"/> W-6321-MS	<input type="checkbox"/> Ice
Tracers (0-500ML)	<input type="checkbox"/> W-PSNP-QQ	<input type="checkbox"/> W-PSNP-QQ				
Permeability (0-500ML)	<input type="checkbox"/> W-PO4-F	<input type="checkbox"/> W-PO4-F		<input type="checkbox"/> Field Filtered w/ syringe	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
				<input type="checkbox"/> 0.45 um PES filter		

Check Boxes for Each Container Submitted to Lab

Parameter Suite	Lab Test Codes	Trend Core	Status Core	Lab Test Codes	Special Projects	
Chlorophyll (0-500ML)	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC		<input type="checkbox"/> 2ML H2SO4	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Nutrients (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /		<input type="checkbox"/> 2ML HNO3	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Metals (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /				
Animals / Phys. Aggregate (0-500ML)	<input type="checkbox"/> W-ALGAE-W-CP /	<input type="checkbox"/> W-ALGAE-W-CP /				
Turbidity (0-500ML)	<input type="checkbox"/> W-TURB /	<input type="checkbox"/> W-TURB /				
Microbiology (0-250ML or 0-500ML)	<input type="checkbox"/> ECOLI-14-QT	<input type="checkbox"/> ECOLI-14-QT				
Toxins (0-250ML)	<input type="checkbox"/> W-MCYST-AA	<input type="checkbox"/> W-MCYST-AA				
Alkalinity (0-250ML)	<input type="checkbox"/> W-6000-UN	<input type="checkbox"/> W-6000-UN		<input type="checkbox"/> W-6321-QU	<input type="checkbox"/> W-6321-MS	<input type="checkbox"/> Ice
Tracers (0-500ML)	<input type="checkbox"/> W-PSNP-QQ	<input type="checkbox"/> W-PSNP-QQ				
Permeability (0-500ML)	<input type="checkbox"/> W-PO4-F	<input type="checkbox"/> W-PO4-F		<input type="checkbox"/> Field Filtered w/ syringe	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
				<input type="checkbox"/> 0.45 um PES filter		

Check Boxes for Each Container Submitted to Lab

Parameter Suite	Lab Test Codes	Trend Core	Status Core	Lab Test Codes	Special Projects	
Chlorophyll (0-500ML)	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC		<input type="checkbox"/> 2ML H2SO4	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Nutrients (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /		<input type="checkbox"/> 2ML HNO3	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Metals (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /				
Animals / Phys. Aggregate (0-500ML)	<input type="checkbox"/> W-ALGAE-W-CP /	<input type="checkbox"/> W-ALGAE-W-CP /				
Turbidity (0-500ML)	<input type="checkbox"/> W-TURB /	<input type="checkbox"/> W-TURB /				
Microbiology (0-250ML or 0-500ML)	<input type="checkbox"/> ECOLI-14-QT	<input type="checkbox"/> ECOLI-14-QT				
Toxins (0-250ML)	<input type="checkbox"/> W-MCYST-AA	<input type="checkbox"/> W-MCYST-AA				
Alkalinity (0-250ML)	<input type="checkbox"/> W-6000-UN	<input type="checkbox"/> W-6000-UN		<input type="checkbox"/> W-6321-QU	<input type="checkbox"/> W-6321-MS	<input type="checkbox"/> Ice
Tracers (0-500ML)	<input type="checkbox"/> W-PSNP-QQ	<input type="checkbox"/> W-PSNP-QQ				
Permeability (0-500ML)	<input type="checkbox"/> W-PO4-F	<input type="checkbox"/> W-PO4-F		<input type="checkbox"/> Field Filtered w/ syringe	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
				<input type="checkbox"/> 0.45 um PES filter		

RQ-2020-_____

Collected By (Agency Code): _____ Sampler Name: _____

Customer: AMBIENT Lab Project ID: SW-TREND / STATUS / BMAP

Place: _____ QA/QC Blank ID: _____ Label Here

Comments: _____

Sulfuric Acid Lot #: _____

Nitric Acid Lot #: _____

Matrix: W-Field-Blank / W-Equipment-Blank Grab

Date Collected	Blank Collection Time
<input type="checkbox"/> ETZ	<input type="checkbox"/> CTZ

Check Boxes for Each Container Submitted to Lab

Parameter Suite	Lab Test Codes	Trend Core	Status Core	Lab Test Codes	Special Projects	
Chlorophyll (0-500ML)	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC		<input type="checkbox"/> 2ML H2SO4	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Nutrients (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /		<input type="checkbox"/> 2ML HNO3	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Metals (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /				
Animals / Phys. Aggregate (0-500ML)	<input type="checkbox"/> W-ALGAE-W-CP /	<input type="checkbox"/> W-ALGAE-W-CP /				
Turbidity (0-500ML)	<input type="checkbox"/> W-TURB /	<input type="checkbox"/> W-TURB /				
Microbiology (0-250ML or 0-500ML)	<input type="checkbox"/> ECOLI-14-QT	<input type="checkbox"/> ECOLI-14-QT				
Toxins (0-250ML)	<input type="checkbox"/> W-MCYST-AA	<input type="checkbox"/> W-MCYST-AA				
Alkalinity (0-250ML)	<input type="checkbox"/> W-6000-UN	<input type="checkbox"/> W-6000-UN		<input type="checkbox"/> W-6321-QU	<input type="checkbox"/> W-6321-MS	<input type="checkbox"/> Ice
Tracers (0-500ML)	<input type="checkbox"/> W-PSNP-QQ	<input type="checkbox"/> W-PSNP-QQ				
Permeability (0-500ML)	<input type="checkbox"/> W-PO4-F	<input type="checkbox"/> W-PO4-F		<input type="checkbox"/> Field Filtered w/ syringe	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
				<input type="checkbox"/> 0.45 um PES filter		

Check Boxes for Each Container Submitted to Lab

Parameter Suite	Lab Test Codes	Trend Core	Status Core	Lab Test Codes	Special Projects	
Chlorophyll (0-500ML)	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC		<input type="checkbox"/> 2ML H2SO4	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Nutrients (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /		<input type="checkbox"/> 2ML HNO3	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Metals (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /				
Animals / Phys. Aggregate (0-500ML)	<input type="checkbox"/> W-ALGAE-W-CP /	<input type="checkbox"/> W-ALGAE-W-CP /				
Turbidity (0-500ML)	<input type="checkbox"/> W-TURB /	<input type="checkbox"/> W-TURB /				
Microbiology (0-250ML or 0-500ML)	<input type="checkbox"/> ECOLI-14-QT	<input type="checkbox"/> ECOLI-14-QT				
Toxins (0-250ML)	<input type="checkbox"/> W-MCYST-AA	<input type="checkbox"/> W-MCYST-AA				
Alkalinity (0-250ML)	<input type="checkbox"/> W-6000-UN	<input type="checkbox"/> W-6000-UN		<input type="checkbox"/> W-6321-QU	<input type="checkbox"/> W-6321-MS	<input type="checkbox"/> Ice
Tracers (0-500ML)	<input type="checkbox"/> W-PSNP-QQ	<input type="checkbox"/> W-PSNP-QQ				
Permeability (0-500ML)	<input type="checkbox"/> W-PO4-F	<input type="checkbox"/> W-PO4-F		<input type="checkbox"/> Field Filtered w/ syringe	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
				<input type="checkbox"/> 0.45 um PES filter		

Check Boxes for Each Container Submitted to Lab

Parameter Suite	Lab Test Codes	Trend Core	Status Core	Lab Test Codes	Special Projects	
Chlorophyll (0-500ML)	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC	<input type="checkbox"/> W-NO3 / W-NO2 / W-PO4 / W-TK / W-TOC		<input type="checkbox"/> 2ML H2SO4	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Nutrients (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /		<input type="checkbox"/> 2ML HNO3	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
Metals (0-500ML)	<input type="checkbox"/> W-HARD-W-CP /	<input type="checkbox"/> W-HARD-W-CP /				
Animals / Phys. Aggregate (0-500ML)	<input type="checkbox"/> W-ALGAE-W-CP /	<input type="checkbox"/> W-ALGAE-W-CP /				
Turbidity (0-500ML)	<input type="checkbox"/> W-TURB /	<input type="checkbox"/> W-TURB /				
Microbiology (0-250ML or 0-500ML)	<input type="checkbox"/> ECOLI-14-QT	<input type="checkbox"/> ECOLI-14-QT				
Toxins (0-250ML)	<input type="checkbox"/> W-MCYST-AA	<input type="checkbox"/> W-MCYST-AA				
Alkalinity (0-250ML)	<input type="checkbox"/> W-6000-UN	<input type="checkbox"/> W-6000-UN		<input type="checkbox"/> W-6321-QU	<input type="checkbox"/> W-6321-MS	<input type="checkbox"/> Ice
Tracers (0-500ML)	<input type="checkbox"/> W-PSNP-QQ	<input type="checkbox"/> W-PSNP-QQ				
Permeability (0-500ML)	<input type="checkbox"/> W-PO4-F	<input type="checkbox"/> W-PO4-F		<input type="checkbox"/> Field Filtered w/ syringe	<input type="checkbox"/> pH < 2	<input type="checkbox"/> Ice
				<input type="checkbox"/> 0.45 um PES filter		



CUSTODY SHEET COVER PAGE

Use the most recent
version
October 2020.

Lab Page 1 of _____
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Status & Trend Networks - Chain of Custody Form - October 2020 version

Date Shipped: _____ Collected By (Agency Code): _____
Customer: AMBIENT Sampler Names: _____

Lab Project ID (circle one): STATUS / SW-TREND /
(Place RQ Label Here) GW-TREND / BMAP

Coolers Shipped: _____

RQ - _____ Shipping Method (circle one): FedEx / UPS /
Project Name: _____ Greyhound / Hand Delivered

Instructions:

- Print this form, affix labels to form and place documentation in zipper bag taped to inside lid of cooler.
- Please return the original of this form to the lab along with sample inventory portion of field sheet
- for each station & blank sampled.
- Affix labels below for all samples & blanks submitted under this RQ for this collection date.

Relinquished by (signature): _____ Date: _____ Time: _____ ETZ
_____ CTZ

THIS SECTION IS TO BE COMPLETED BY THE LABORATORY

Received/ Inspected By (signature): _____ Date: _____ Time: _____ ETZ



REQUIRED DOCUMENTATION FOR ALL STATUS & TREND PROJECTS

- ✓ QA Report
- ✓ Field Sheets
- ✓ Custody Sheets
- Calibration Log(s)
- Equipment Cleaning Log
- Equipment Maintenance Log
- Standards / Reagents Log



Apalachicola National Forest



Field Meter Calibration Log

CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Meter ID: _____

RQ: _____

Project: _____

Boldly "X" this box if there are qualified data on this page.

Notes: (1) Always wait for meter to stabilize before recording any readings.

(2) Report all digits displayed. **Do not round** before reporting measurements. (See special instructions for depth).

(3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400

Date of Last Temperature Verification _____

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro- meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.											P / F	L / F
ICV											P / F	L / F
CCV											P / F	L / F
CCV											P / F	L / F

DO Acceptance criteria from Table ± 0.3 mg/L.**Rapid-Pulse Sensors:** DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.**Optical:** DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. **Steady-state & Galvanic Sensors:** DO Gain & Charge N/A.

Spec. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard μmhos/cm	Meter Reading μmhos/cm	Pass / Fail	Lab / Field
Calibr.								P / F	L / F
ICV								P / F	L / F
CCV								P / F	L / F
CCV								P / F	L / F

Conductivity Acceptance criteria $\pm 5\%$

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.						7.				P / F	L / F
Calibr.						4.				P / F	L / F
Calibr.						10.				P / F	L / F
ICV										P / F	L / F
CCV										P / F	L / F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50 ; mV pH 4 Range $+180 \pm 50$; mV pH 10 Range -180 ± 50 ;

If mV are recorded: slope from 7 to 10 _____, slope from 4 to 7 _____ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)

If YES, complete daily Calibr. & ICV below and list date of last quarterly depth verification: _____

If NO, what will be used? (circle one) Secchi Disk Line / Sonar Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air						P / F	L / F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria $\pm 5\%$ or ± 0.05 m, whichever is greater.

COMMENTS:



Turbidity Calibration Log

(only needed for groundwater projects)

Turbidity Calibration Log (DEP SOPs FT1000 & FT1600)

Regional Operations Centers

Meter ID: _____ Date of Last Calibration: _____ Project Name: _____

Quarterly Calibration

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value (Use Primary Formazin Standards)	Exp. Date	Lot #	Type of Information Displayed During Calibration? (circle one)	Value Displayed NTU	Calibration Pass / Fail (circle one)
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F

Initial Calibration Verification (ICV) (Only perform ICV immediately after quarterly calibr. Do not use < 0.1 NTU standard for ICV.)

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value (Use A Primary Formazin Standard)	Exp. Date	Lot #	Meter Reading NTU	Pass / Fail (circle one)
NTU				P / F

Secondary Gel Standard Quarterly Verification (perform gel standard verification immediately after quarterly calib. and ICV)

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value Range NTU	Previous Value Assigned NTU	Exp. Date	Lot #	Meter Reading NTU (new value assigned)	Acceptable Range, NTU (Calculate using new value assigned & acceptance criteria*)
0 – 10					
10 – 100					
100 - 1000					

Daily Continuing Calibration Verification (CCV) (required every day that meter is used)

Date	Time (24hr) CT-ET	Sampler Name	Standard Type (circle one)	Standard Value NTU	Exp. Date	Lot #	Meter Reading NTU	Pass / Fail
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F

Comments:

*Acceptance Criteria: 0.1-10 NTU → ± 10%; 11-40 NTU → ± 8%; 41-100 NTU → ± 6.5%; >100 NTU → ± 5%;

Acceptable ranges for common standards: 20 NTU (18.4 - 21.6 NTU); 100 NTU (93.5 - 106.5 NTU); 800 NTU (760 - 840 NTU)

Form Effective October 1, 2017



QUARTERLY TEMPERATURE VERIFICATION LOG



Quarterly Temperature Verification Log - DEP Regional Operation Centers

DEP SOP FT 1400. Acceptance Criteria for Temp. \pm 0.5°C.

Record all digits displayed for temperature readings. Do not round before reporting measurements.

CCV = Continuing Calibration Verification. Target temperature for cold CCV is 0 - 10 (°C). Target temperature for hot CCV is 30 - 40 (°C).

Time Zone (circle one): **ETZ** / **CTZ**

Field Meter ID	Field Meter Serial Number	NIST Reference Device ID	Activity Date	Cold CCV Time	Cold CCV Field Meter Temp (°C)	Cold CCV NIST Temp (°C)	Cold CCV Result (circle one)	Hot CCV Time	Hot CCV Field Meter Temp (°C)	Hot CCV NIST Temp (°C)	Hot CCV Result (circle one)	Activity Performed By (Staff Name)	Comments
							P / F				P / F		
							P / F				P / F		
							P / F				P / F		
							P / F				P / F		
							P / F				P / F		
							P / F				P / F		
							P / F				P / F		
							P / F				P / F		



QUARTERLY DEPTH VERIFICATION LOG

ONLY NEEDED FOR SURFACE WATER PROJECTS

Depth Sensor Verification Log - DEP Regional Operation Center

SOP - Status and Trend Networks Sampling Manual and ROC Training Manual

Report two decimal places for electronic devices. Report one decimal place for manual devices. Numbers ≤ 4 , are rounded down; numbers ≥ 5 are rounded up.

Acceptance criteria for electronic device verification $\pm 5\%$. Acceptance criteria for analog device incremental markings check $\pm 10\%$. Acceptance criteria for analog device total length of line verification $\pm 5\%$.

Time Zone (circle one): **ETZ** / **CTZ**



EQUIPMENT CLEANING LOG

Equipment Cleaning Log Regional Operation Centers

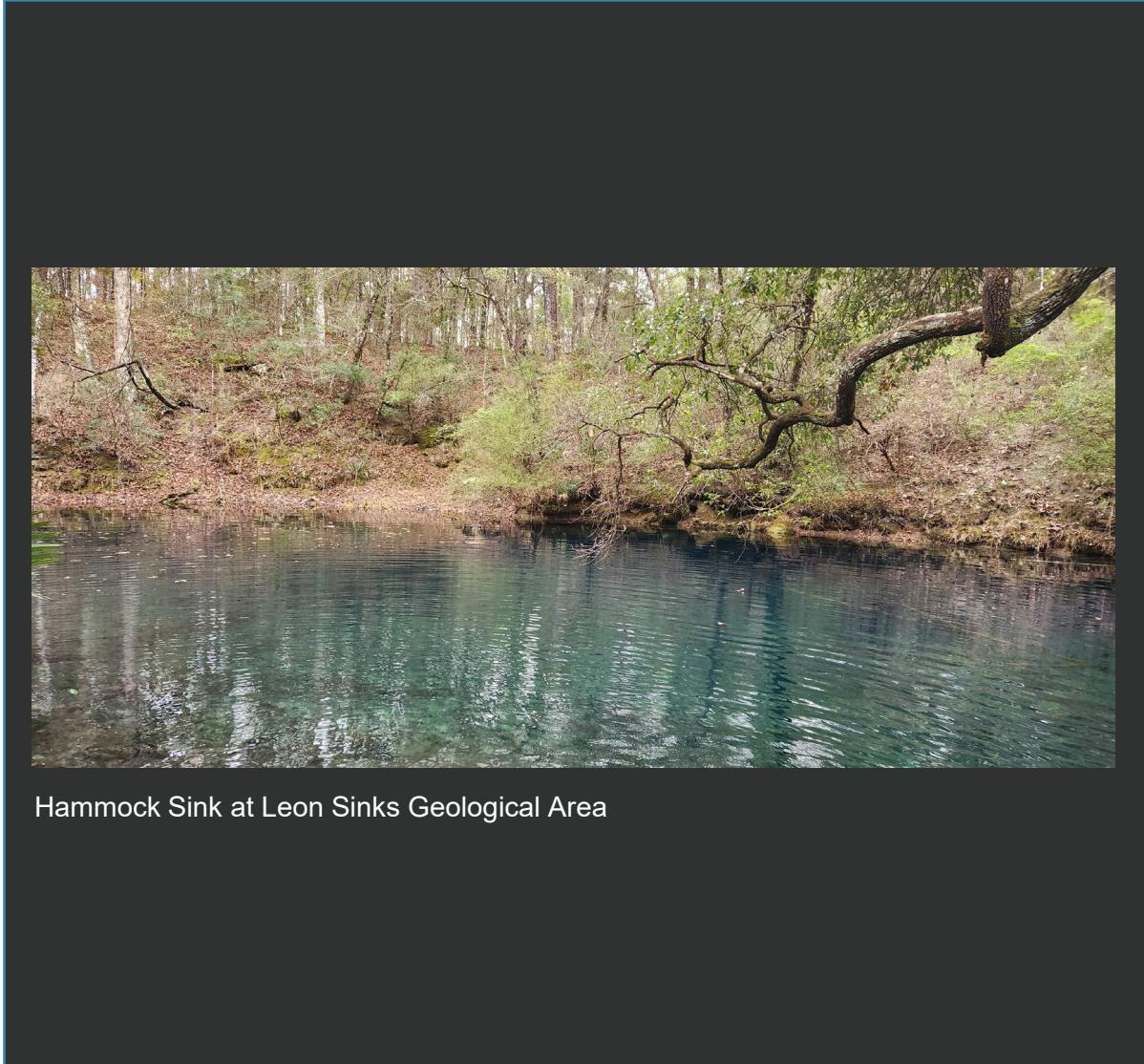
Equipment	Unique ID	Date	Time (24 hr)	Location (Lab / Field)	Liquinox Wash (Y/N)	Luminox Wash (Y/N)	Tap Water Rinse (Y/N)	10% HCl Rinse (Y/N)	DI Water Rinse X3 (Y/N)	Other (Describe)	Sampler Name
Submersible pump	Diver	10/31/22	0430	Lab	Y	N	Y	N	Y		K. Collins
Van Dorn	#1	4/12/19	1320	Lab	N	Y	Y	Y	Y		R. Dragon

- For all equipment and supplies document all cleaning procedures.
 - If groundwater pump tubing is changed before each site, document on the cleaning log.
- Cleaning logs can be found here [Watershed Monitoring Information Center](#) under the Log Books section.
- Contracted sampling teams may use their own cleaning logs as long as all the information is recorded.



REQUIRED DOCUMENTATION FOR ALL STATUS & TREND PROJECTS

- ✓ QA Report
- ✓ Field Sheets
- ✓ Custody Sheets
- ✓ Calibration Log(s)
- ✓ Equipment Cleaning Log
- Equipment Maintenance Log
- Standards / Reagents Log



Hammock Sink at Leon Sinks Geological Area



EQUIPMENT MAINTENANCE LOG

Equipment Maintenance Log Regional Operation Centers

Equipment	Serial #	Unique ID #	Date	Time	Procedure	Reason	Comments	Sampler Name
YSI	06H1520 AA	Betty Boop	6/19/15	10:42	Replace DO membrane	Routine maintenance		Natalie Ayala
Ekman sediment dredge	N/A	1	3/3/16	10:43	Changed cables connecting jaws	Old cables failed		Thomas Wippick
Exo 3	19J105467	Sea Cow	1/25/23	11:52	Replaced Conductivity/Temp Probe	Replace broken probe		Victoria Schwartz

(Figure 26 - Sampling Manual)

- Specific piece(s) of equipment.
- Name of person performing maintenance.
- Date.
- Procedure.

<https://floridadep.sharepoint.com/dear/wqap/Lists/Equipment%20Maintenance%20Log/AllItems.aspx>



STANDARDS LOG

**Standard and Reagent Log
Regional Operation Centers**

Standard/ Reagent	Manufacturer	Quantity / Concentration / Grade	Lot #	Date of Receipt	Expiration Date	Date Opened & Sampler Name	Location	Date discarded or verification if used passed expiration date
pH Buffer	Exaxol	20L/pH 10	220608A	6/20/2024	6/25	7/1/2024 GS	SW ROC	Discarded 7/1/2024
Conductivity Standard	Fisher	20L /Conductivity 1000	212209B	9/10/2025	8/26		SW ROC	

- Manufacturer.
- Standard value.
- Lot number.
- Date received.
- Expiration date.
- Date opened/initials.

<https://floridadep.sharepoint.com/dear/wqap/Lists/Standard%20and%20Reagent%20Log/AllItems.aspx>

(Figure 25 - Sampling
Manual)



DOCUMENTATION QA

DATA QUALIFIERS

- Add data qualifiers when necessary (per Chapter 62-160, Florida Administrative Code (F.A.C.)).
 - Document on field sheets (Survey123).
 - Always indicate which parameter qualifiers are associated with.
 - Always add a comment describing why qualifier is needed. (Required per standard operating procedures (SOPs)).

(Sampling Manual - Table 7, p. 134).



DOCUMENTATION QA

DATA QUALIFIERS

Common data qualifiers added by samplers.

* All Qualifiers need to have a comment.

“S” - Secchi disk visible on bottom.

“J” - Estimated value with detailed comment.

- Field meter verification failure or bracketing problem.
- Interference present that may reduce measurement accuracy.
- Deviation from standard field protocols.

“O” - Measurement scheduled but not performed.

“?” - Data are rejected and should not be used.



FIELD BLANKS & EQUIPMENT BLANKS

- Help identify contamination in the sampling system.
- QA Officer tracks results.
- If analytes of interest are detected (value \geq MDL) in field collected blanks, associated data will be “G” qualified if the value in the blank is $> 10\%$ of the value in the sample.



FIELD BLANKS AND EQUIPMENT BLANKS

- Collected, preserved and submitted in same manner as an actual sample.
- Analyte-free (DI) water.
- Filled **on-site**.
- One Blank collected for every five samples (20% frequency).
- Collect blanks to be representative of the sample collection.



FIELD BLANKS



- Required when **NO** equipment used.
(SW direct grab samples and GW wells with in-place plumbing).
- Fill sample bottles directly from DI water carboy.
- Collected on-site, in the field!



EQUIPMENT BLANKS

- Required if **any** equipment is used to collect samples.
- For each project, at least one equipment blank is required for each piece of equipment used.
- DI water from carboy is passed through equipment. Sample bottles filled with DI water from equipment.





EQUIPMENT BLANKS

Two types:

1. Pre-cleaned equipment blank.

- Equipment cleaned in-house prior to sampling.
- Blank is collected prior to sampling.

2. Field-cleaned equipment blank.

- Equipment cleaned in field.
- Blank is collected after sampling at a site.

BOTH are collected on-site in the field!



BLANK DOCUMENTATION

Document Blank Collection Information on Field Sheets (surface water and groundwater).

- Sample type — Field Blank or Equipment Blank.
 - If Equipment Blank:
 - Field-cleaned or lab-cleaned.
 - Equipment ID.
- Blank collection time (must be different than sample collection time for water/sediments/invert samples).
- Person responsible for collecting blank.



REMINDER FOR SHARED PROJECTS

- If multiple DEP ROCs or WMD field offices are collecting data for a single project, each office must collect at least one blank for that project.
 - Please coordinate blank collection when performing combined sampling events.



DI SOURCE BLANKS



- Not a field collected blank.
- Scheduled as needed to help investigate detections in field blanks and equipment blanks.
- Collected at field lab/office, directly from DI source used to fill large carboys.
- Do not use any carboys or equipment.



FIELD AUDITS

- WMS QA Officer conducts field audit for each sample collection agency at least once every 18 months.
- Audits are designed to promote consistency throughout the state.
- Managers or team leads are encouraged to conduct internal audits.



FIELD AUDITS

- Current version of Field Audit Form is June 2025.
 - Narrative summary.
 - Checklist of items observed/discussed.
 - Audit summary table.

	<p style="text-align: right; margin: 0;">FIELD AUDIT</p> <p style="text-align: right; margin: 0; font-size: small;">Form Version: June 2013</p> <hr/>
<p style="margin: 0; font-size: small;">Status and Trend Monitoring Networks</p> <p style="margin: 0; font-size: small;">Florida Department of Environmental Protection</p> <p style="margin: 0; font-size: small;">MS 3800</p> <p style="margin: 0; font-size: small;">2600 Blair Stone Road</p> <p style="margin: 0; font-size: small;">Tallahassee, FL 32399-2400</p> <p style="margin: 0; font-size: small;">Telephone (850) 245-7544</p> <hr/>	
<p>Sampling Agency:</p> <p>First Personnel:</p> <p>Auditor(s):</p> <p>Audit Date:</p> <p>Project Name:</p> <p>Site:</p> <p>Audit Type:</p> <p>Copies of Audit Report to:</p> <p>Overall Sampling Performance</p> <p><input type="checkbox"/> A copy of the final report will be submitted to the sampling agency within 90 days. The sampling agency recognizes that they will receive a written acknowledgement addressing each corrective action that will be implemented (any deficiencies will be presented in the final) as a result of the deficiencies stated in the final audit report within 45 days of receipt.</p> <hr/> <p>SUMMARY</p>	

Page 6 of 7																																																																														
General Sampling Procedures (FS 1000, FS 2000, Microflora)																																																																														
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FIELD AUDITS

Audit Timeline:

1. Auditor sends audit report within 90 days.
2. Sampling team completes “response” column in summary table within 45 days.
3. Auditor reviews response within 15 days.



FIELD AUDITS

Audit Summary Table – Example

Completed by Auditor						Completed by Field Staff	Completed by Auditor
Finding #	SOP Reference	Audit Finding	Required or Suggested Corrective Action	Response	Approved by Auditors		
1	FD 4100 Sec. 2.3 & 2.5.	Date, time, and sampler name not documented for turbidity meter ICV on 1/5/2017.	Complete all sections of DEP ROC turbidity calibration log form for each calibration or verification event.	All sections of turbidity log will be filled out completely and correctly.	12/04/2017		

The background of the slide is a collage of four landscape images. On the left, a forested hillside with green trees and a sandy path. In the center, a river or lake with a thick layer of fog or mist. On the right, a large, gnarled cypress tree with its roots exposed and submerged in water. The bottom right corner shows a close-up of these submerged roots. The overall scene is a mix of natural beauty and environmental focus.

QUESTIONS?



THANK YOU

Rachael Dragon

Division of Environmental Assessment and Restoration
Florida Department of Environmental Protection

Contact Information:

850-245-7544

Rachael.Dragon@FloridaDEP.gov