

## Depth Verification Regional Operation Centers

SOP - S&T Sampling Manual and ROC Training Manual.

Report two decimal places for electronic devices. Report one decimal place for manual devices.

Numbers  $\leq 4$ , are rounded down; numbers  $\geq 5$  are rounded up.

### QUARTERLY VERIFICATION OF ELECTRONIC DEVICES (SONDE, SONAR DEVICE, ETC.)

Meter / Device ID#: _____	Date of Last Verification: _____
Date: _____	Time: _____ ETZ / CTZ Verification Location: _____
Person Performing Verification: _____	
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____	
Depth measurements: Reference Device: _____ m ; Device Being Tested: _____ m	
Result: Pass / Fail (acceptance Criteria 10%)	

Meter / Device ID#: _____	Date of Last Verification: _____
Date: _____	Time: _____ ETZ / CTZ Verification Location: _____
Person Performing Verification: _____	
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____	
Depth measurements: Reference Device: _____ m ; Device Being Tested: _____ m	
Result: Pass / Fail (acceptance Criteria 10%)	

Comments: \_\_\_\_\_

### 6 MONTH VERIFICATION OF MANUAL DEVICES (SECCHI DISK, WEIGHTED LINE, ETC.)

Secchi/Weighted Line ID#: _____	Date of Last Verification: _____
Date: _____	Time: _____ ETZ / CTZ Verification Location: _____ Lab _____
Person Performing Verification: _____	
Reference Device: Metal Measuring Tape / Meter Stick / Other _____	
Incremental markings of 0.1 m checked: YES / NO Result: Pass / Fail (acceptable criteria 10%)	
Total length of line (up to anticipated depth encountered in field) checked: YES / NO	
Total Length: indicated by line markings _____ m ; measured by reference device _____ m	
Result: Pass / Fail (acceptable criteria of 5%) Markings redone: YES / NO	

Secchi/Weighted Line ID#: _____	Date of Last Verification: _____
Date: _____	Time: _____ ETZ / CTZ Verification Location: _____ Lab _____
Person Performing Verification: _____	
Reference Device: Metal Measuring Tape / Meter Stick / Other _____	
Incremental markings of 0.1 m checked: YES / NO Result: Pass / Fail (acceptable criteria 10%)	
Total length of line (up to anticipated depth encountered in field) checked: YES / NO	
Total Length: indicated by line markings _____ m ; measured by reference device _____ m	
Result: Pass / Fail (acceptable criteria of 5%) Markings redone: YES / NO	

Comments: \_\_\_\_\_

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Date: _____	Time: _____ ETZ / CTZ
Verification Location: _____	
Person Performing Verification: _____	
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____	
Depth measurements: Reference Device: _____ m ; Device Being Tested: _____ m	
Result: Pass / Fail (acceptance Criteria 10%)	

Meter / Device ID#: _____	Date of Last Verification: _____
Date: _____	Time: _____ ETZ / CTZ
Verification Location: _____	
Person Performing Verification: _____	
Reference Device: Graduated Bucket / Metal Measuring Tape / Meter Stick / Other _____	
Depth measurements: Reference Device: _____ m ; Device Being Tested: _____ m	
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Comments: \_\_\_\_\_

### 6 MONTH VERIFICATION OF MANUAL DEVICES (SECCHI DISK, WEIGHTED LINE, ETC.)

Secchi/Weighted Line ID#: _____	Date of Last Verification: _____
Date: _____	Time: _____ ETZ / CTZ
Verification Location: _____ Lab _____	
Person Performing Verification: _____	
Reference Device: Metal Measuring Tape / Meter Stick / Other _____	
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Result: Pass / Fail (acceptable criteria 10%)	
Total length of line (up to anticipated depth encountered in field) checked: YES / NO	
Total Length: indicated by line markings _____ m ; measured by reference device _____ m	
Result: Pass / Fail (acceptable criteria of 5%)	
Markings redone: YES / NO	

Secchi/Weighted Line ID#: _____	Date of Last Verification: _____
Date: _____	Time: _____ ETZ / CTZ
Verification Location: _____ Lab _____	
Person Performing Verification: _____	
Reference Device: Metal Measuring Tape / Meter Stick / Other _____	
Incremental markings of 0.1 m checked: YES / NO	
Result: Pass / Fail (acceptable criteria 10%)	
Total length of line (up to anticipated depth encountered in field) checked: YES / NO	
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Comments: \_\_\_\_\_