



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	Time	Wind Direction & Strength (0-3)	Water Cond: Calm/ Med/ Rough	Water Clarity (1-5) 1= very clear	Algae (Y/N)	Tide: High/ Low	Is a nearby drain flowing?	Type Birds & ~ No.	No. Dogs	Other Animal Type	~ No. Bathers	~ No. People on Beach	No. Boats	Comments

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More Information:

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 Department of Health
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Weblink: <http://www.public.health.wa.gov.au/3/1287/2/publications.pm>