



# Physical & Chemical Tests Record Sheet

(To be completed monthly)

Site Name: <u>Griggs Creek &amp; Foreshore</u>		Site Code: <u>CO-GR1-100</u>	
Name of Monitoring Group: <u>CSCC</u>			
Person(s) Conducting the test: <u>Harry Heino, Rob Gardner, Max Symons</u>			
Date of test: <u>1/7/2024</u>		Time of test: <u>10.00</u> am/pm	
Site Risk Assessment Completed: <input checked="" type="checkbox"/> signature please: <u>R. Heino</u>			
Site risk and management assessment at rear of book. Please note circumstantial hazards and additional risks in the box below			
Test	Result (units)	Calculations, dilutions and comments	
Dissolved Oxygen	<u>11.1</u> mg/L	<u>100</u> % sat.	
Water Temperature		<u>10</u> °C	
Air Temperature		<u>10.5</u> °C	
pH		<u>7.0</u> pH units	
Electrical Conductivity (Salinity)		<u>365</u> EC units μS/cm.	
Reactive Phosphorus		<u>0.1</u> mg/L P	
Turbidity		<u>&lt;9</u> N.T.U./F.T.U.	
<b>Weather conditions at the time of sampling:</b>			
<input type="checkbox"/> sunny <input checked="" type="checkbox"/> cloudy <input type="checkbox"/> overcast <input type="checkbox"/> raining <input type="checkbox"/> windy			
<b>Rainfall:</b>			
<input type="checkbox"/> Last rainfall: <input type="checkbox"/> More than week ago <input type="checkbox"/> During the last week <input checked="" type="checkbox"/> During the last 24 hours <input type="checkbox"/> Raining now			
Amount of rain (mm) _____			
<b>Water flow</b>			
Flow indicator (if available) _____ ML/day			
<b>Estimate of flow</b>			
<input type="checkbox"/> Not flowing (still) <input type="checkbox"/> Clear <input type="checkbox"/> Milky <input type="checkbox"/> Foamy /frothy			
<input type="checkbox"/> Not flowing (pool) <input type="checkbox"/> Muddy <input type="checkbox"/> Smelly <input type="checkbox"/> Stained green			
<input type="checkbox"/> Medium (average) <input checked="" type="checkbox"/> High (but below bankfull) <input type="checkbox"/> Scummy <input type="checkbox"/> Oily <input checked="" type="checkbox"/> Stained brown			
<input type="checkbox"/> Flood (over bank) <input type="checkbox"/> Permanent (lakes & wetlands) <input type="checkbox"/> Other (description) _____			
<b>Stream depth</b>			
Depth indicator _____ m <input checked="" type="checkbox"/> 0 - 50 cm deep <input type="checkbox"/> 51cm-1m deep <input type="checkbox"/> 1 to 2 m deep <input type="checkbox"/> Unknown depth			
<b>Stream width</b>			
Average width of stream: _____ m <input type="checkbox"/> < 2 m wide <input checked="" type="checkbox"/> 2 to 5 m wide <input type="checkbox"/> >5 m wide			
Drain present at site: <input checked="" type="checkbox"/> no <input type="checkbox"/> yes    Water flowing from drain: <input type="checkbox"/> yes <input type="checkbox"/> no    Color _____    Odour _____			
<b>Water pollutants: (Tick type found)</b>			
<input type="checkbox"/> paper <input type="checkbox"/> bottles <input type="checkbox"/> plastic <input type="checkbox"/> clothing <input type="checkbox"/> car bodies			
<input type="checkbox"/> packets <input type="checkbox"/> cans <input type="checkbox"/> polystyrene <input type="checkbox"/> oil <input type="checkbox"/> petrol/diesel			
<input type="checkbox"/> waxed cardboard <input type="checkbox"/> other			
Nil			
<b>Circumstantial hazards and additional risks</b>			
Nil			
<b>Hazard:</b> Nil    Risk: Nil			
<b>Risk Control Measures:</b> _____			
Person entering site visit information _____			
Date of entry _____			
Site visit approved by Coordinator (initial and date) _____			