



1. NADP SITE Site Name: _____	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table> ID					2. OBSERVER Collected by: _____ (print name)	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table> Initials				

3. SAMPLE START AND END <table style="width:100%;"> <tr> <td style="width:10%;"></td> <td style="width:15%; text-align: center;">Date</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Time</td> <td style="width:15%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YR</td> <td style="text-align: center;">0001-2400</td> </tr> <tr> <td style="text-align: right;">ON</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">OFF</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		Date		Time			MO	DAY	YR	0001-2400	ON					OFF					4. SITE CONDITIONS <i>Please check any and all conditions that apply. Comment on any other site conditions in Block 5.</i> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:50%; text-align: center;">YES</td> <td style="width:50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> </table> <ol style="list-style-type: none"> 1. Significant smoke or fire 2. Industrial or vehicular activity nearby 3. Farm animal activity nearby 	YES	NO	2	1	2	1	2	1
	Date		Time																										
	MO	DAY	YR	0001-2400																									
ON																													
OFF																													
YES	NO																												
2	1																												
2	1																												
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5. GENERAL REMARKS

6. SAMPLE DESCRIPTIONS	FOR LAB USE											
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FOR LAB USE	Lab Comments:	
		<i>Work Order ID</i>
HM receipt initial/date		