### MERCURY DEPOSITION NETWORK
#### MDN OBSERVER FORM (MOF)

Send completed form with each sample to:
NADP Sample Receiving, 465 Henry Mall, Madison, WI 53706

Problems? Call NADP Site Support at 1-800-952-7353
e-mail: mdn@slh.wisc.edu

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**1. SITE**

Name ________________________________

SITE ID _____________________________

**2. OBSERVER (OFF)**

Print name __________________________

Initials _____________________________

**3. COLLECTION**

<table>
<thead>
<tr>
<th>BOTTLE ID</th>
<th>A B C D (circle one)</th>
<th>BOX ID</th>
<th>MO</th>
<th>DAY</th>
<th>YR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0001-2400</td>
<td>01</td>
<td>24</td>
<td>00</td>
</tr>
</tbody>
</table>

**4. SITE OPERATIONS** Check YES, NO, or U (Unable to determine) for each sample. If NO or U for Item 1 or 2, describe in Block 9 and call NADP Site Support 1-800-952-7353

1. The collector sensor heater and motor box operated properly. Lid is in correct position
2. Raingage operated properly during the week.
3. Collector opened and closed at least once during the week, other than for testing.
4. Raingage in winterized state during sampling period (antifreeze in bucket).
5. Fresh antifreeze added during sampling period? Date_________ Time_________

**5. SAMPLE CONDITION**
Check type of contamination for each sample. Describe all contamination in Block 9, including any not listed here.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
1. Bird droppings
2. Cloudy or discolored
3. Soot/ash/dirt particles
4. Insects/animal matter
5. Leaves/twigs/pollen/plant matter
6. Handling contamination

**6. OVERFLOW**

Amount of Overflow

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**ENCLOSURE TEMPERATURE**

MAX _______ °F  _______ °C

MIN _______ °F  _______ °C

**7. PRECIPITATION RECORD**

All sites must circle Precipitation Type

<table>
<thead>
<tr>
<th>Type</th>
<th>R</th>
<th>S</th>
<th>M</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>MON</td>
<td>R</td>
<td>S</td>
<td>M</td>
<td>U</td>
</tr>
<tr>
<td>TUES</td>
<td>R</td>
<td>S</td>
<td>M</td>
<td>U</td>
</tr>
<tr>
<td>WED</td>
<td>R</td>
<td>S</td>
<td>M</td>
<td>U</td>
</tr>
<tr>
<td>THURS</td>
<td>R</td>
<td>S</td>
<td>M</td>
<td>U</td>
</tr>
<tr>
<td>FRI</td>
<td>R</td>
<td>S</td>
<td>M</td>
<td>U</td>
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<td>U</td>
</tr>
<tr>
<td>SUN</td>
<td>R</td>
<td>S</td>
<td>M</td>
<td>U</td>
</tr>
<tr>
<td>MON</td>
<td>R</td>
<td>S</td>
<td>M</td>
<td>U</td>
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<tr>
<td>TUES</td>
<td>R</td>
<td>S</td>
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<td>U</td>
</tr>
<tr>
<td>WED</td>
<td>R</td>
<td>S</td>
<td>M</td>
<td>U</td>
</tr>
</tbody>
</table>

Z – Zero  T – Trace  (Circle Type)  MM - Missing

Data downloaded from raingage on: Date ____________ Time ____________

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**8. SUPPLIES**

Circle if needed, until received.

Gloves (S, M, L)  Field forms
Sample bottle  Funnel
Dry side bag  Thistle
Air filter  Lid seal pad
RO water  Packing tape
Site ID Barcode labels

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**9. REMARKS**
For example: equipment malfunction, extreme weather conditions, contamination, farming, burning, logging, leakage, etc.

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E-gage sites: Please submit your electronic raingage data promptly after shipping sample. Email data to: nadp-precip@slh.wisc.edu or upload at http://nadp.slh.wisc.edu/upload/ppt

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White Copy – Analytical Lab  Pink Copy – Site Operator

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