

## 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**

RECEIVER INITIALS

BAG OPEN? LEAK?

FOR LAB USE ONLY

Place barcode sticker here

<p><b>1. SITE</b></p> <p>Name _____</p> <p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  SITE ID         </p>					<p><b>2. OBSERVER (OFF)</b></p> <p>Print name _____</p> <p style="text-align: right;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  Initials         </p>																																															
<p><b>3. COLLECTION</b></p> <p style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  BOTTLE ID         </p> <p style="text-align: center;"> <b>A B C D</b> _____          (circle one)          BOX ID       </p> <p style="text-align: center;">Date</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th colspan="3">Date</th></tr> <tr><th>MO</th><th>DAY</th><th>YR</th></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <p><b>ON</b></p> <p><b>OFF</b></p> <p style="text-align: center;">Time</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th colspan="4">Time</th></tr> <tr><th colspan="4">0001-2400</th></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						Date			MO	DAY	YR							Time				0001-2400												<p><b>4. SITE OPERATIONS</b> Check YES, NO, or U (Unable to determine) for each sample. If <b>NO</b> or <b>U</b> for Item 1 or 2, describe in Block 9 and call NADP Site Support 1-800-952-7353</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>YES</th><th>NO</th><th>U</th></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> </table> <ol style="list-style-type: none"> <li>1. The <b>collector sensor heater</b> and <b>motor box</b> operated properly. Lid is in correct position</li> <li>2. Rain gauge operated properly during the week.</li> <li>3. Collector opened and closed at least once during the week, <b>other than for testing</b>.</li> <li>4. Rain gauge in winterized state during sampling period (antifreeze in bucket).</li> <li>5. Fresh antifreeze added during sampling period? Date _____ Time _____</li> </ol>	YES	NO	U	2	1	0	2	1	0	2	1	0	YES	NO	2	1	2	1
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<p><b>5. SAMPLE CONDITION</b></p> <p>Check type of contamination for each sample. Describe <b>all</b> contamination in Block 9, including any not listed here.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> </table> <ol style="list-style-type: none"> <li>1. Bird droppings</li> <li>2. Cloudy or discolored</li> </ol> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> </table> <ol style="list-style-type: none"> <li>3. Soot/ash/dirt particles</li> <li>4. Insects/animal matter</li> </ol> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> </table> <ol style="list-style-type: none"> <li>5. Leaves/twigs/pollen/plant matter</li> <li>6. Handling contamination</li> </ol>	YES	NO	2	1	2	1	YES	NO	2	1	2	1	YES	NO	2	1	2	1	<p><b>6. OVERFLOW</b></p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th>YES</th><th>NO</th></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">1</td></tr> </table> <p>(Check one)</p> <p>Amount of Overflow</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <p>• <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> mL</p>	YES	NO	2	1							<p><b>7. PRECIPITATION RECORD</b></p> <p>Data downloaded from rain gauge on: Date _____ Time _____</p> <p>Email data to: <a href="mailto:nadp-precip@slh.wisc.edu">nadp-precip@slh.wisc.edu</a> or upload at <a href="http://nadp.slh.wisc.edu/upload/ppt">http://nadp.slh.wisc.edu/upload/ppt</a></p> <p style="text-align: right;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  Total Rain Gauge Depth (inches)       </p>																						
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<p><b>ENCLOSURE TEMPERATURE</b></p> <p>MAX <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> (circle one) °F °C</p> <p>MIN <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> °F °C</p>							<p><b>9. REMARKS</b> For example: equipment malfunction, extreme weather conditions, contamination, farming, burning, logging, leakage, etc.</p>																																													
<p><b>8. SUPPLIES</b></p> <p>Circle if needed, until received.</p> <p>Gloves (S, M, L, XL) Air filter</p> <p>Extra Funnel RO water</p> <p>Extra Thistle Field forms</p> <p>Extra Bottle Cap Lid seal pad</p> <p>Blue Connector Clip Packing tape</p>																																																				