B.C. LAKE STEWARDSHIP & MONITORING PROGRAM

Field Sampling Quality Assurance Checklist

This form is provided for groups to self-check field procedures to ensure reliable and accurate data collection. Self-checks are recommended once per open-water season (or once per group if volunteers are rotating). ENV will endeavor to conduct an independent audit annually.

1.0 SITE VISIT INFORMATION				
Audit Date	Purpose			
YYYY-MM-DD	☐ Self-check ☐ ENV check-in			
Lake Name	Program Level			
e.g., Tabor Lake	□ Level 1 □ Level 2 □ Level 3 □ Level 4 □ Level 5			
Volunteer Group Name				
e.g., Beaufort Watershed Stewards (BWS)				
Nature of Volunteer Group				
☐ Community Group / NGO ☐ Indigeno☐ Individual ☐ Industry				
2.0	SAFETY CHECKLIST			
A) BOAT SAFETY □ N/A	Check Yes/No COMMENTS:			
Vehicle/trailer parked in a safe location	□ N/A □ Yes □ No			
Second person always present	□ N/A □ Yes □ No			
Notes safety hazards (e.g. inclement weath and adjust plans as needed	er) □ N/A □ Yes □ No			
Valid boat operation and safety certificates (see Transport Canada's Safe Boating Guide)	□ N/A □ Yes □ No			
Lifejacket or PFD for each person on board	□ N/A □ Yes □ No			
Minimum equipment requirements met (see Transport Canada's Safe Boating Guide, and regulations) ^{1,2}	d WCB □ N/A □ Yes □ No			
First aid kit always on board	□ N/A □ Yes □ No			
Trip information, including names of all per present, and intended return time are known an individual on shore				





^{1.} In Canada, the safety equipment required on board depends on the type and length of your boat.

^{2.} A fire extinguisher is required if the vessel has an inboard motor or fixed fuel tank or heating / cooking appliance that uses a liquid or gaseous fuel.

	3.0 FIELD SAM	PLING CHECKLIS	ST
A) 5	SECCHI DISK	Check Yes/No	COMMENTS:
	hi measurements taken between 10:00 and 2:00 pm	□ N/A □ Yes □	No
	hi measurements taken on shaded side of with no sunglasses	□ N/A □ Yes □	No
	ducts measurement at designated site; ion deviations are always recorded	□ N/A □ Yes □	□ No
	t made to maintain position while oling and to keep rope vertical	□ N/A □ Yes □	□ No
в) Т	TEMPERATURE / D.O. PROFILE □ N/A	Check Yes/No	COMMENTS:
	alibrated while at the lake, right before sampling event (same day)	□ N/A □ Yes □	No
YSI s	tabilized before values recorded	□ N/A □ Yes □	No
Reco	ords D.O. in mg/L (not %)	□ N/A □ Yes □	No
	ples only at designated site; location ations are always recorded	□ N/A □ Yes □	□ No
	t made to maintain position while oling and to keep cable vertical	□ N/A □ Yes □	□ No
C) \	WATER SAMPLES (LEVEL 3 ONLY) □ N/A	Check Yes/No	COMMENTS:
Samp	oles early in week to avoid transit delays	□ N/A □ Yes □	□ No
	oles only at designated site; location itions are always recorded	□ N/A □ Yes □	□ No
	es clearly labeled before wetting	□ N/A □ Yes □	□ No
	removed just prior to sampling and ected from contamination	□ N/A □ Yes □	□ No
	NOT pre-rinse bottles before sampling	□ N/A □ Yes □	□ No
capp	es filled to correct level and securely ed immediately after filling	□ N/A □ Yes □	□ No
	taken not to contaminate inside of es/caps with exhaust, fingers, etc.	□ N/A □ Yes □	□ No
	rds sample date and time (24-hr clock)	□ N/A □ Yes □	□ No
	rds field data, observations, and possible amination sources if present	□ N/A □ Yes □	□ No
QA/QC Samples	Uses the same grab sample to fill both the REG and REP samples (water within the water sampler/Van Dorn)	□ N/A □ Yes □	□ No
/QC Sa	Ensures BLANK sample does not come into contact with lake water	□ N/A □ Yes □	
QA,	Records a unique time for the REP, BLF,	□ N/A □ Yes □	□ No





	Check Yes/No COMMENTS:
Lab requisition filled out correctly and completely	□ N/A □ Yes □ No
Takes photos of lab requisition and field sheet	□ N/A □ Yes □ No
(if completed on paper)	
Water samples packed with enough ice/cold	□ N/A □ Yes □ No
packs to maintain a temperature of 4°C	
Samples shipped within 24 hours of sampling	□ N/A □ Yes □ No
Reusable sampling and safety equipment are	
kept CLEAN, dry, and securely stored for	□ N/A □ Yes □ No
future use	
Comments or Concerns N/A	
Inspection Completed By (Name of Auditor):	
Inspection Completed By (Name of Auditor): Name(s)	Signature(s)
	Signature(s)
	Signature(s)
Name(s)	
Name(s) Inspection Reviewed By (Names of Volunteers/	Collectors):
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Name(s) Inspection Reviewed By (Names of Volunteers/	Collectors):
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