

## Visual Observation Log – Sampling Event

<b>District Name:</b>			
<b>Facility Address:</b>			
<b>Date of Observation:</b>		<b>Observer Name:</b>	
<b>Weather</b>			
<b>Confirm Qualifying Storm Event (QSE; all must be true):</b>			
<input type="checkbox"/> No precipitation in the 48 hours prior to start of current storm			
<input type="checkbox"/> Current storm began within the prior 12 hours.			
Date and time storm began: ____ / ____ / ____ : ____ AM / PM (circle one)			
<input type="checkbox"/> It is within the first 4 hours of the start of runoff <b>OR</b> the start of operational hours			
<b>Sampling Event Observations</b>			
<b>Discharge Point 001</b>			
Floating Material	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Sample Time:</b>
Suspended Material	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Record pH (Between 6-9):</b>
Oil/Grease Sheen	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If "Yes" for any materials observed, or pH is less than 6 or more than 9, identify location, probable source, and action taken:</i>
Discolorations	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Turbidity	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Odors	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Trash/Debris	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Discharge Point 002</b>			
Floating Material	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Sample Time:</b>
Suspended Material	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Record pH (Between 6-9):</b>
Oil/Grease Sheen	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If "Yes" for any materials observed, or pH is less than 6 or more than 9, identify location, probable source, and action taken:</i>
Discolorations	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Turbidity	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Odors	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Trash/Debris	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Discharge Point 003</b>			
Floating Material	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Sample Time:</b>
Suspended Material	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Record pH (Between 6-9):</b>
Oil/Grease Sheen	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If "Yes" for any materials observed, or pH is less than 6 or more than 9, identify location, probable source, and action taken:</i>
Discolorations	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Turbidity	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Odors	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Trash/Debris	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Other:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Exception Documentation (explanation required if observation could not be conducted).</b>			