



UPPER DESCHUTES

WATERSHED COUNCIL

Name: _____ Teacher: _____

Time: _____ Weather: _____

Stream/Site Name: _____

Any fish present? Yes No # of live fish: _____ # of carcasses: _____

TEST	Sample 1	Sample 2	Sample 3	Sample 4
Water Temperature <input type="checkbox"/> °C <input type="checkbox"/> °F Equipment used? Vernier <input type="checkbox"/> Manual <input type="checkbox"/>				
Air Temperature <input type="checkbox"/> °C <input type="checkbox"/> °F Equipment used? Vernier <input type="checkbox"/> Manual <input type="checkbox"/>				
Dissolved Oxygen (mg/L) Equipment used? Vernier <input type="checkbox"/> Manual <input type="checkbox"/>				
pH Equipment used? Vernier <input type="checkbox"/> Manual <input type="checkbox"/>				
Turbidity (NTU) Equipment used? Vernier <input type="checkbox"/> Manual <input type="checkbox"/>				