



# GREAT BAY COAST WATCH FIELD DATA SHEET

Please describe the conditions at your site today:

Water: Calm \_\_\_\_\_ Ripple \_\_\_\_\_ Waves \_\_\_\_\_ Whitecaps \_\_\_\_\_

Weather: Clear \_\_\_\_\_ Partly Cloudy \_\_\_\_\_ Overcast \_\_\_\_\_ Fog/Haze \_\_\_\_\_  
 Showers \_\_\_\_\_ Downpour \_\_\_\_\_ Snow \_\_\_\_\_ Other \_\_\_\_\_

Activities: Fishing \_\_\_\_\_ Oystering \_\_\_\_\_ Boating \_\_\_\_\_ Hunting \_\_\_\_\_  
 Other \_\_\_\_\_

Water for *Fecal coliform* Bacteria Testing:  
 Person taking sample \_\_\_\_\_  
 Person transporting sample \_\_\_\_\_

Birds: Type \_\_\_\_\_ # \_\_\_\_\_  
 Type \_\_\_\_\_ # \_\_\_\_\_  
 Type \_\_\_\_\_ # \_\_\_\_\_

Horseshoe Crabs:  
 Total # seen: \_\_\_\_\_  
 # young (< 2 in.): \_\_\_\_\_  
 # amplexus: \_\_\_\_\_  
 # laying eggs: \_\_\_\_\_

Please write an observation narrative:

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## Time & Mileage Estimates:

	Sampler 1	Sampler 2	Sampler 3
Field Work (Min):			
Lab Work (Min):			
Travel (Min):			
Total (Min):			
Mileage:			

FOR OFFICE USE ONLY		
		Date
		Initials
Reviewed		
Entered		
Accepted		

I certify that I have reviewed the data entry on this form and that it is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (QA/QC Qualified)