

Sonde Calibration Check Sheet

Station: _____ Date: _____ PST or PDT JD: _____

Sonde ID: _____ Calibration Check performed by: _____ Field or Lab

Dissolved Oxygen (mg/L) Criteria: ± 0.3 mg/L

Time	Reading (mg/L)	Reading (%Sat)	Temperature	Pressure	Calibration Value	Remarks (include difference)

Turbidity (FNU) Criteria: The greater of ± 0.5 FNU or ± 5 %

Time	Reading	Standard	Std ID/MFG Date	Remarks (include difference)

Temperature Criteria: ± 0.2 °C

Time	Reading	NIST Reading	Remarks

Depth Criteria: For deep transducer (0-200 m), ± 0.3 meter

Time	Reading	Depth	Remarks

Sonde Calibration Check Sheet

Specific Conductance: Criteria: The greater of $\pm 5 \mu\text{S}/\text{cm}$ or $\pm 3\%$ of measured value

Time	Temp	Reading	Standard	Lot #/Exp Date	Remarks (include difference)

pH (units): Criteria: ± 0.2 unit

Time	Temp	Reading (pH unit)	Reading (mV)	Standard	Lot#/ Exp Date	Remarks (include difference)

Remarks: _____

