

Environmental Monitoring Form

**PRESS HARD,
YOU ARE MAKING 4 COPIES**
See Guidelines on back of this form.
Use a separate form for each sample collected.



48007H

1. Program		2. State	3. County		4. Site Identification			5. Date Collected <small>MO-DA-YR</small>		6. Time Collected	
7. Sample Description		8. Location <small>DISTANCE (Ft.) DIRECTION</small>		9. Pesticide		10. Formulation		11. Application <small>Method Rate</small>		12. Sample Type <input type="checkbox"/> Priority <input type="checkbox"/> Routine	
13. Dates Treatment Applied											
Month	Day	Month	Day	Month	Day	Month	Day	Month	Day	Month	Day
14. Total Trtmts	15. Time of Last Treatment	16. Soil Type <i>(from county soil survey)</i>			17. Land Slope <i>(Degrees)</i>		18. Last Rainfall <small>MONTH DAY AMT.</small>		19. Wind <small>SPEED DIRECTION</small>		20. Rel. Hum.
21. Water Body <small>Type (Pool, Pond, Reservoir, Well, Stream, etc.)</small>			22. Water <small>Size (Acres or Width)</small>		Depth <small>(Feet)</small>	Velocity <small>(Ft./Min.)</small>	Temp. <small>(°F)</small>	pH <small>(include decimal pt.)</small> <small>Before After</small>		Dissolved Oxygen <small>(mg/L)</small>	23. Average Air Temp. <small>(°F)</small>
24. Remarks <i>(e.g. Sketch of site, unusual occurrences, additional information unique to sample, etc.)</i>										25. Lat.	
										Long.	
26. Name of Collector <i>(type or print)</i>					27. Initials		28. Telephone Number of Collector				
FOR LABORATORY USE ONLY											
29. Date Sample Received		30. Date Analyzed			31. Results				According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0117. The time required to complete this information collection is estimated to average .500 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.		
32. Laboratory Accession Number		33. Condition of Sample on Receipt									

Guidelines

Every sample must be accompanied by a completed APHIS Form 2060. The present guidelines are generic and will be superseded by specific instructions included in an Environmental Monitoring Plan for a particular program or operation. If you have any questions about how to fill out the form, or any other questions about monitoring, please call the Environ. Monitoring Team at 301-734-7175.

1. **Program:** Enter the most accurate description, or a commonly used acronym, of program.
2. **State:** The two letter postal abbreviation of the state in which the sample was collected.
3. **County:** The county in which the sample was collected.
4. **Site ID:** Assign a number which uniquely identifies the site (can be alphanumeric).
5. **Date Collected:** The date that the sample was collected.
6. **Time Collected:** The time the sample was collected, using a 24 hour clock.
7. **Sample Description:** Enter what the sample is (e.g., soil, sediment, water, grass, dye card, grasshoppers).
8. **Location:** The distance (in feet) and direction (e.g., 242 degrees as measured with a compass) from the nearest point of the treatment block to the site where the sample was collected.
9. **Pesticide:** The name of the pesticide for which the laboratory should analyze. If analyses for more than one pesticide are necessary, list the other pesticides in the Remarks block.
10. **Formulation:** The formulation of the pesticide used (e.g., emulsifiable concentrate, wettable powder).
11. **Application:**
 - Method:** The method used to apply the pesticide (e.g., fixed wing aircraft, highboy, backpack sprayer, drench).
 - Rate:** The rate at which the pesticide is applied (e.g., pounds a.i. per acre).
12. **Sample Type:** Check off the appropriate box: Sample types are usually defined as follows:
 - Priority:** Samples collected to respond to any reported or observed adverse impact (e.g., bird kill, fish kill, public health concern, property damage).
 - Routine:** All samples not considered priority samples.
13. **Dates Treatment Applied:** The dates treatments applied. If more than 8, then list additional in Remarks block.
14. **Total Treatments:** Enter the total number of treatments.
15. **Time of Last Treatment:** The time of day that the last treatment was completed (use 24 hour clock).
16. **Soil Type:** Enter the type of soil (e.g., sandy loam).
17. **Land Slope:** Enter the slope, measured from the treatment block to the sample collection site (positive degrees above horizontal for an incline or negative degrees below horizontal for a decline).
18. **Last Rainfall:** The date and amount of the last rainfall before the sample collection.
19. **Wind:** The speed (mph) and direction (e.g., 320 degrees as measured with a compass) from which the wind was coming at the time of the last treatment.
20. **Rel. Humidity:** The relative humidity of the air, measured as a percentage (e.g. 75%) at the time of the last treatment.
21. **Water Body:**
 - Type:** Examples; pool, lake, river.
 - Size:** Surface area (acres) or width (feet).
22. **Water:**
 - Depth:** Average depth (feet).
 - Velocity:** At the sample collection site (feet per minute).
 - Temp.:** Water temperature (°F).
 - pH Values:**
 - Before:** The pH of the water sample.
 - After:** If a pH adjustment is required to stabilize the sample, enter the pH of the sample after the adjustment.
 - Dissolved Oxygen:** Enter the oxygen content of the water sample.
23. **Average Air Temp.:** Enter the air temperature at the time of the last treatment.
24. **Remarks:** Additional information concerning the location of the sampling site (sketch of the site or attach a map), weather conditions (additional wind speeds and directions, gusts, cloud cover), circumstances relevant to the results of the sample analysis, and who to report results to if different from collector.
25. **Latitude and Longitude:** Coordinates of sampling site as determined by GPS unit.
26. **Name of Collector:** Print submitter's name.
27. **Initials:** Submitter's initials in script.
28. **Telephone Number of Collector:** Include area code.

Distribution

Laboratory (original) - submit to the USDA-APHIS National Monitoring and Residue Analysis Laboratory (NMRAL), 3505 25th Avenue, Building 4, Gulfport, Mississippi 39501, c/o Environmental Monitoring Coordinator.

Headquarters (yellow copy) - mail to: USDA-APHIS-PPQ, 4700 River Road, Unit 150, Riverdale, MD 20737, along with any attached maps or other documentation.

Collector (pink copy) - the collector will keep this copy on file for reference.

Sample (blue copy) - package with the individual sample so that if several samples are being shipped in the same container, each form will be associated with it's corresponding sample.