

Appendix F: Data Review Checklist for H-GAC Local Partners

H-GAC Clean Rivers Program Local Partner

Data Submittal Form and Data Review Checklist

Please complete this form, sign where applicable, and submit with copies of Field Sheets, Chain-of-Custody Forms and Lab Data Reports pertaining to data in this submittal. One form is required for each submission. Failure to complete and submit this form will impede the process whereby data is submitted to TCEQ for inclusion in the State of Texas Surface Water Quality Monitoring (SWQM) database or included in the H-GAC Data Clearinghouse. This form applies to only those sampling sites listed in the Coordinated Monitoring Schedule for FY 2016 or FY2017.

Local Partner: _____

Water Body: _____

Data Start Date: _____

Data End Date: _____

Total Number of Events in this Data Submittal: _____
(Total number of sample sites monitored times the number of monitoring visits to each site)

Total Number of Results in this Data Submittal: _____
(Each event contains multiple field and/or laboratory results)

Notice: Attach extra pages to document information that exceeds the spaces provided.

Field Data Review

List instrument(s) used to collect field measurements. _____

Was the instrument pre-calibrated before each sampling run? Yes ___ No ___

Explain why not. _____

Was an instrument post-calibration check performed within 24-hours after each use?

Yes ___ No ___

Explain why not. _____

Did all post-calibration checks pass? Yes ___ No ___

What were the minimum and maximum post-calibration errors for the field instrument? Please express as a range.

Dissolved Oxygen ($\pm 6\%$ saturation or ± 0.5 mg/L) _____

pH (± 0.5 standard units) _____

Specific Conductance ($\pm 5\%$ standard) _____

Temperature (± 1.0 °C, annual calibration check) _____

Depth (± 0.2 at 1 meter, annual calibration check) _____

Were all field parameters measured and documented for each station location? Yes ___ No ___

Were water samples collected for all required laboratory parameters at every station

location? Yes ___ No ___

Were water samples "iced" immediately upon collection or acidified in the field as

required? Yes ___ No ___

Were all field sheets completed using indelible ink? Yes ___ No ___

Were errors on field sheets corrected using a single line with initials of person making the correction and date corrected? Yes ___ No ___

If no, explain. _____

Were empty sections of every field sheet closed-out with a diagonal line, initials and date

closed-out? Yes ___ No ___

Were problems encountered while collecting any field measurements? Yes ___ No ___

Explain. _____

Were these problem(s) documented on the field sheets? Yes ___ No ___

Were problems encountered in the field, communicated to the supervisor so the H-GAC

Project Manager could be notified as required by the QAPP? Yes ___ No ___

Were there any results (outliers) in this data set greater than the maximum screening value or less than the minimum screening value? Yes ___ No ___

Were outlier(s) documented on the field sheets? Yes ___ No ___

Were all chain-of-custody forms and/or field data sheets filled out completely and accurately?

Yes ___ No ___

Were empty sections of every Chain of Custody form and/or field data sheet closed-out with a

diagonal line, initials and date closed-out? Yes ___ No ___

Have field data sheet(s) or chain-of-custody form(s) changed since the last data submittal to

H-GAC? Yes ___ No ___

Explain if yes or attach a new form _____

Provide source of "Days Since Last Significant Rainfall" data: _____

Provide additional comments about Field Data on an extra page attached to this report

Print Name _____ Signature _____ Date _____

Lab Data Quality Review

Were all holding times confirmed? Yes___ No___

Were samples received at the lab "in ice" and in the process of cooling to $\leq 6^{\circ}\text{C}$?

Yes___ No___

Explain if no _____

Were any water samples analyzed that exceeded holding time requirements?

Yes___ No___

Were those results removed from data set submitted to H-GAC? Yes___ No___

Were empty sections of the Chain of Custody form closed-out with diagonal lines, initials and date closed-out? Yes___ No___ Are you sure? Yes___ No___

Are all lab values reported consistent with the Limit of Quantitation (LOQ) for each parameter listed in Table A7.1 of the Regional QAPP or Special Studies QAPP? Yes___ No___

Explain if no _____

Have errors on lab sheets been corrected using a single line with initials of person making the correction and date corrected? Yes___ No___

Were empty sections of every lab sheet closed-out with a diagonal line, initials and date closed-out?

Yes___ No___

Were there any results that were not reported by the lab? Yes___ No___

Explain if yes _____

Data reasonableness and correctness of analysis have been confirmed and documented so H-GAC can easily find for the following situations.

- For bacteria densities that are too few or too numerous to count, are values reported as < or > the applicable minimum or maximum value? Yes___ No___
- Are there any results in this data set greater than the maximum screening values or less than the minimum screening values? Yes___ No___
- Are there any results in the data set that "Best Professional Judgment" would indicate a possible error and an investigation is warranted? Yes___ No___
- *If yes to any previously bulleted questions, have the results been reconfirmed and documented as being accurate so H-GAC doesn't need to hunt for answer?* Yes___ No___

What kind of QA/QC data is provided with this data submittal? _____

Additional comments about Lab Data _____

Person who reviewed the lab sheets and results for accuracy and completeness:

Print Name _____

Signature _____

Date _____

Data Entry, Formatting and Table Structure

Are all sampling STARTTIMES and ENDTIMES data entered using
24-hour clock format with leading zeros as necessary? Yes ___ No ___

Are all sample DEPTHS reported in meters? Yes ___ No ___

Were any samples collected from depths greater than 0.3 meters? Yes ___ No ___

Explain if yes _____

If sample was not a grab, was the composite information recorded? Yes ___ No ___

Have all asterisks (*) been removed from the database being submitted to H-GAC?

(An asterisk will interfere with queries, searches, etc.) Yes ___ No ___

Are there any blank fields in the database? Yes ___ No ___

Explain if yes _____

If there are no results to enter due to lab or sampling problems, is there an
explanation for the blank field in the comment section? Yes ___ No ___

Are only sample sites listed in the current QAPP, Coordinated Monitoring Schedule (CMS), or most
recent amendment included with data being submitted to H-GAC?

Yes ___ No ___

Explain if no _____

Was data reviewed for outliers? Yes ___ No ___

(Refer to www.tceq.state.tx.us/compliance/monitoring/crp/data/storet.html

“All STORET Codes” for file: [sw_parm.txt](#) for Mins and Maxs of every STORET code)

Are all outliers confirmed, documented and identified so the H-GAC Data Manager
can review them? Yes ___ No ___

Are appropriate quality assurance/quality control information or results included with the data set
for verification and validation by H-GAC? Yes ___ No ___

Have at least 10% of data in the data set been reviewed against field and laboratory data sheets?

Yes ___ No ___

Additional comments about Data Entry, Formatting and Table Structure _____

Person who reviewed the database for accuracy and completeness:

Print Name _____ *Signature* _____ *Date* _____

Electronic data set was submitted to H-GAC on _____

Electronic data set was submitted to H-GAC by:

Print Name _____ *Signature* _____ *Date* _____