

APHC Water Kit Field Data Sheet

DOEHRS ID:

DOEHRS Blank ID:

Lab Use Only Temp °C:

Water Sample Type: <input type="checkbox"/> Treated <input type="checkbox"/> Untreated	Country/Location:
Sample date and time:	Field/Local Sample ID :
Collector's Name:	Collector's Email:
Collector's Phone No:	Collector's Unit:
Sample Reason (select one): <input type="checkbox"/> OEHSA/Exposure Pathway <input type="checkbox"/> Incident Report <input type="radio"/> Other	
Exposure Duration: <input type="radio"/> < 1 Week <input type="radio"/> < 2 Week <input type="radio"/> <1 Year <input type="radio"/> >= 1 year	Exposure Pathway #
Exposure Notes:	

Water System Component (WSC)/Sampling Point	
WSC: <input type="checkbox"/> Natural Water Source <input type="checkbox"/> Municipal Water Source <input type="checkbox"/> Field Water Treatment System <input type="checkbox"/> Water Container <input type="checkbox"/> Pipe Distribution System	
WSC Name: (name created in DOEHRS)	
Sampling Point: (name created in DOEHRS)	

Treated Water Field data	
Water Kit Type: <input type="checkbox"/> CHPPM-EUR 40MI Kit <input type="checkbox"/> Deployment Water Treated Kit <input type="checkbox"/> EPA Kit <input type="checkbox"/> Field Kit <input type="checkbox"/> OEBGD Kit	
Water Type: <input type="radio"/> ROWPU <input type="radio"/> Municipal <input type="radio"/> Disinfected Fresh	Bottled (if yes fill out required fields below)
Operating Unit:	Manufacturer:
Source of Water:	Bottling location:
Primary Treatment:	Brand:
ROWPU ID:	Lot #:
Collection Point: <input type="radio"/> Tap/Faucet <input type="radio"/> Water Buffalo <input type="radio"/> Water Tanker <input type="radio"/> Water Blivet <input type="radio"/> Distribution System <input type="radio"/> Treatment Facility <input type="radio"/> Aircraft Water Point <input type="radio"/> Bottled Water <input type="radio"/> Unknown <input type="radio"/> N/A	
Water Use: <input type="checkbox"/> Primary Drinking <input type="checkbox"/> Secondary Drinking <input type="checkbox"/> Non-Drinking	Primary Drinking Water Source:
Non-Drinking uses: <input type="checkbox"/> Showering <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Cooking <input type="checkbox"/> Recreation <input type="checkbox"/> Other	
Estimated Drinking Rate: <input type="checkbox"/> Less Than or Equal to 5L/Day <input type="checkbox"/> Greater Than 5L/Day <input type="checkbox"/> Estimated Rate (L/Day)	

Untreated Water Field Data	
Water Kit Type: <input type="checkbox"/> CHPPM-EUR 40MI Kit <input type="checkbox"/> Deployment Water Untreated Kit <input type="checkbox"/> EPA Kit <input type="checkbox"/> Field Kit <input type="checkbox"/> OEBGD Kit	
Water Type: Well Cistern <input type="radio"/> Lake River Ocean	
Current Water Uses: <input type="checkbox"/> Primary Drinking <input type="checkbox"/> Secondary Drinking <input type="checkbox"/> Showering <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Cooking <input type="checkbox"/> Recreation (Select All That Apply) Treatment Source <input type="checkbox"/> Other	
Intended/Future Water Uses: <input type="checkbox"/> Primary Drinking <input type="checkbox"/> Secondary Drinking <input type="checkbox"/> Showering <input type="checkbox"/> Cooking <input type="checkbox"/> Recreation <input type="checkbox"/> Treatment Source (Select All That Apply) <input type="checkbox"/> Other	

Field Data						
pH:	Temp. (°C):	Turbidity (NTU):	TDS (mg/L):	Total Coliform (+ / -):	E. coli: (+ / -):	FAC (ppm):

Sample Location Information: DATA MUST BE UNCLASSIFIED!	
<input type="checkbox"/> Lat/Long <input type="checkbox"/> UTM <input type="checkbox"/> MGRS (check one)	

APHC Water Kit Field Data Sheet Instructions

DOEHRS Notations: Please write in all CAPTIAL LETTERS when writing out the DOEHS ID. When handwriting a zero, put a slash through it. (Example “Ø”). If it does NOT have a slash, “O” will be read as a letter. When handwriting a “Z”, put a dash through it to differentiate it from the #2. Please clearly write “5” to make sure it does not look like an “S”

The highlighted text indicates required information to be completed in the field. All other non-highlighted fields are required if the Sampling Point is not established in DOEHS.

Water Sample type: Treated/Untreated classifies the type of water being collected. Treated: water sampled from a ROWPU, TWPS, etc. Untreated: water sampled from a raw water source such as a well, river, lake, stream, pond etc.
Country/Location: Country and Camp/FOB/Outpost. Country name may be abbreviated. Camp name MUST be spelled out clearly.

Sample Date and Time: Date and time sample was collected (e.g. 2014/01/15 0930). (Sample Date and Time should also be recorded on the sample vials.)

Field/Local Sample ID: Sample ID number CCC_LLLLLL_YYYYMMDD_NNTW (Sample ID should also be recorded on the sample vials.) *Where: CCC = Country 3 letter abbreviation code; LLLLLL = Camp abbreviation (i.e. first six letters of camp name); YYYYMMDD= date sample was taken [e.g 20050115 for 15-Jan-2005]; NNTW = Water sample number for that camp on that particular day (e.g. 01TW, 02TW, 03TW, etc or 01UT, 02UT, 03UT etc.) TW=Treated Water UT=Untreated Water*

Collector's Name: The name of the person collecting the sample.

Collector's Email/Phone No. / Unit: The email address of the person collecting the sample (e.g. jane.doe.mil@mail.mil and their supporting information (e.g. SSG Jane Doe, AML, CPT Jane Doe, 71st MEDDET, etc).

Sample Reason: Why the sample is being collected.

Exposure Duration: How long Service members are expected to be exposed to the water being sampled.

Exposure Pathway #: Most samples are in response to characterizing an Exposure Pathway (EP). This is required for DOEHS ID generation.

Exposure Notes: Any additional notes beyond the EP such as odors, visual observations, production issues, and other concerns specific to that unique sample.

TREATED WATER [fields applicable to bottled water are marked with an asterisk (*)]

Water System Component: The part of the water system being sampled..

WSC Name: The name of the water system component being sampled (use the WSC name from DOEHS).

Sampling Point: Where the water sample was collected from (use the name generated in DOEHS).

Water type kit: The type of kit used to collect the sample.

Water type: Select the treatment technique that generated the ‘treated’ water being sampled.

If it's not a bottled water sample you must fill out all required fields for the water system component sampling point.

Operating Unit: The type of unit being used to treat the water. (Example: TWPS, LWPS, ROWPU 3000, etc.)

Source of Water: Where the water is coming from that is being treated. (Example: river, well, pond etc.)

Primary Treatment: How the water is being treated. (Example: Reverse Osmosis, Chlorine)

ROWPU ID: Serial number of the ROWPU.

Collection Point*: Where the sample was collected from when filling the water kit or where the bottled water bottles were collected.

Water Uses*: What the water is being used for.

Primary Drinking Water Source*: The source for the water being used for drinking. (ex. Bottled water, Water produced by a ROWPU)

Non-Drinking uses*: How the water is being used other than for drinking.

Estimated Drinking Rate*: How much water is being consumed in a 24 hour period.

Bottled Water*: If a bottled water sample is collected, Manufacturer, Bottling Location, and Brand fields are required.

UNTREATED WATER

Water Kit Type: The type of kit used to sample the water.

Water Type: Source of the water that has **NOT** been treated.

Current Water Uses: How the water is being used at time of sample collection.

Intended/Future Water Uses: How the untreated sampled water will be used in the future. **(Example: IF the well water is currently not being used for anything other than being piped and treated by a ROWPU or Chlorination, then it's a Treatment Source. The future/intended use of the water AFTER treatment could be for showering or personal hygiene, etc.)**

Field Data: Tests completed in the field at time of sampling.

Geo-location (e.g. MGRS) of Sampling Point: check one of the boxes and write in your coordinates based on the system chosen.