LAMPRICIDE ANALYSIS DATA FORM **Page of**

Office 1 MQT 2 LUD 3 CAN
Lake 1/S 2/M 3/H 4/E 5/O 6/NYO

Stream:_____No._____

Tributary/Branch: _____

Zone/Branch Code: _____

Station: _____

Mileage: _____

START DATE: (MM/DD/YY) ___/___/___

LOCATION: _____

	DESIRED:		**(Range)**	
TFM	_____.__	(mg/L)	(_____.__ -_____.__)	Hours _____
NICLOSAMIDE	_____	(ug/L)	(_____-_____)	Hours _____
pH MLC	_____.__	(mg/L)	with _____ ug/L NICL.	Hours _____
SMLC	_____.__	(mg/L)		
pH SMAC	_____.__	(mg/L)	with _____ ug/L NICL.	

DESIGNATED USE ONLY
___ Hr AVG TFM _____.__ (mg/L)
___ Hr AVG NICL. _____ (ug/L)

B/A Ratio _____

SPEC # _____

Personnel / ID #

_____

_____

_____

_____

DATE (MM/DD/YY)	TIME	SPEC ABS	BLANK		ABS COR.	SLOPE	TFM mg/L	TFM SPREAD AVG	NICL µg/L	NICL SPREAD AVG	S.G.	Est. CFS CMS (circle)	COMMENTS (codes, ISCO #, initials)
			ACID	BASE									
6													
12													

1. mix problem 2. feeder problem 3. analysis equip problem 4. blank change 6. feed rate change 7. ISCO samples 8. spread 9. mlc change 10. desired change

ANALYSIS 01-30-2026

LOCATION / STATION ____

	DATE (MM/DD/YY)	TIME	SPEC ABS	BLANK		ABS COR.	SLOPE	TFM mg/L	TFM SPREAD AVG	NICL µg/L	NICL AVG	S.G.	Est. CFS CMS	COMMENTS (codes, ISCO #, initials)
				ACID	BASE									
18														
24														

1. mix problem 2. feeder problem 3. analysis equip problem 4. blank change 6. feed rate change 7. ISCO samples 8. spread 9. mlc change 10. desired change