

Appendix O

GAUGE SITE INSPECTION CHECKLIST

Station Review Sheet

***PLEASE NOTE:** These are visual inspections only and the instruments, housings and equipment are not to be tampered with.

Station Details

Station Name		Primary Station Function	
River/Catchment Name		Parameters Measured	
Station Owner		Station ID	
Landowner		Rv ID	
Install Date		Rn ID	
Last Recorded Maintenance		Batt ID	
Access Details			

Sensor Details

River Level Type (manual, cylinder, electromechanical bubbler, ADCP, wet transducer)		Rain Type (manual, bucket, pressure pad)	
River Level Manufacturer and Serial Number		Rain Manufacturer and Serial Number	
River Level Manufacture date		Rain Manufacture Date	
Transducer Manufacturer and Serial Number		Rain Bucket Size	
Transducer Manufacture Date		Other Sensor Details	
Transducer Range			

Logger/Telemetry

Logger Manufacturer and Serial Number (ALERTs canister, Campbell Scientific, Datataker etc.)		Modem Manufacturer and Serial Number	
Logger Manufacture Date		Modem Manufacture Date	
On Board Storage?		Telemetry Carrier	
Telemetry Type (radio ALERTs, other radio, 3G, satellite)		Data Delivery Location	



Station Design

Station Housing Design (Tower/Cabinet/DNRM Shed)		Power Supply	
Housing Condition (rusted, leaking)		Gauge Pool Type/Control (Natural, Improved, Weir)	
Staff Gauge Condition/Accuracy (if WL data available)		Gauge Pool/Control Condition (Degraded, Leaking, Rusted)	
Pipework Condition (exposed, rusted, loose, bubble chamber type etc...)		Sedimentation?	
Station Risks (bushfires, flood, loss of access)			

Information Checklist

- | | |
|---|---|
| <input type="checkbox"/> GPS Enabled For Photos | <input type="checkbox"/> Structure Photo |
| <input type="checkbox"/> Station Coordinates: | Date:_____Time:_____ |
| South:_____ | <input type="checkbox"/> Control Upstream Photo |
| East:_____ | Date:_____Time:_____ |
| <input type="checkbox"/> Cabinet Exterior Photo | <input type="checkbox"/> Control Downstream Photo |
| Date:_____Time:_____ | Date:_____Time:_____ |
| <input type="checkbox"/> Cabinet Interior Photo | <input type="checkbox"/> Pipework Photo |
| Date:_____Time:_____ | Date:_____Time:_____ |

General Comments

Document Sign Off

KBR Representative: _____

Signature: _____

Pentair Representative: _____

Signature: _____

Other Representative: _____

Signature: _____

Date: _____

Time: _____