LIDAR LOG OF OPERATIONS

Control number: OMEGA-_____

Facility name and location:

At the field site on / / from _____ to _____ (local time)

Location of LIDAR:

Direction to source _____ Range to source _____ km

Laser inclination (+ angle is up, horizontal is 0°) _____

Source type and official designation:

Plume characteristics (color, shape, steam present, etc.):

Wind speed: begin _____ km/hr end _____ km/hr Wind direction: begin _____ end _____

Air temperature: begin _____ °C end _____ C Relative humidity: begin _____ % end _____ %

Barometer: begin _____ end _____ Visibility: begin _____ km end _____ km

Cloud cover: begin _____ end _____

Data records made in field (tapes, printouts, photo's, etc.):

MAGNETIC TAPES

tape# track# files

OPERATOR'S SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

LIDAR OPERATOR'S NOTES

(Include position of laser beam within plume-- attached plume, etc.)

LIDAR FUNCTION VERIFICATION

Source optical generator ( ) screens ( )

Date of last calibration _____ This test recorded on tape# _____ track# _____

	1	2	3	4	5	6	7	8
Calibrated opacity								
Calculated opacity								
Recorded on file								

OPERATOR'S SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

Figure AM1-II Lidar Log Of Operations