

Aquaculture System Checklist: Fish Farm Water Quality & Health Monitoring

Water Quality Parameters

Assessment of key water conditions vital for fish health.

| Enter a number | |
|------------------|--|
| | |
| pH Level | |
| Enter a number | |
| | |
| Temperature (°C) | |
| Enter a number | |
| | |
| Ammonia (ppm) | |
| Enter a number | |
| | |
| Nitrite (ppm) | |
| Enter a number | |

| Nitrate (ppm) | | | | | |
|---|------------------|--------------|----------------|-------------|--|
| Enter a number | er | | | | |
| | | | | | |
| Water Clarity | (Turbidity) | | | | |
| Excellent | | | | | |
| Good | | | | | |
| ☐ Fair | | | | | |
| Poor | | | | | |
| Date of Meas | urement | | | | |
| | | | | | |
| Enter date | | | | | |
| Enter date | | | | | |
| | th Obse | rvation | | | |
| Fish Heal | | | | population. | |
| Fish Heal | for signs of dis | ease or stre | ss in the fish | | |
| Fish Heal Regular checks | for signs of dis | ease or stre | ss in the fish | | |
| Fish Heal Regular checks | for signs of dis | ease or stre | ss in the fish | | |
| Fish Heal Regular checks Visible Signs None | for signs of dis | ease or stre | ss in the fish | | |
| Fish Heal Regular checks Visible Signs None Mild | for signs of dis | ease or stre | ss in the fish | | |
| Fish Heal Regular checks Visible Signs None Mild Moderate | for signs of dis | ease or stre | ss in the fish | | |
| Fish Heal Regular checks Visible Signs None Mild Moderate | of Stress (e.g | ease or stre | ss in the fish | | |
| Fish Heal Regular checks Visible Signs None Mild Moderate Severe | of Stress (e.g | ease or stre | ss in the fish | | |

| Description of Any Abnormal Behavior | |
|--|--|
| Write something | |
| Skin/Scale Condition | |
| Healthy | |
| Lesions | |
| Discoloration | |
| Erosion | |
| Date of Last Quarantine/Treatment | |
| Enter date | |
| Detailed Notes on Fish Appearance & Behavior | |
| Write something | |
| | |
| Appetite | |
| Normal | |
| | |
| Reduced | |

Equipment Functionality

Verification of proper operation of pumps, aerators, and other essential equipment.

| Enter a number | |
|---|--|
| Aerator Output (Percent) | |
| Enter a number | |
| Filtration System Status | |
| Operational | |
| Needs Maintenance | |
| Malfunctioning | |
| Oxygen Generator Status Operational Needs Maintenance Malfunctioning | |
| ast Filter Cleaning Date | |
| Enter date | |
| Time of Last Equipment Check | |
| Notes on Equipment Performance | |
| Write something | |
| | |

Feeding & Nutrition

Evaluation of feeding schedule, food quality, and overall nutritional adequacy.

| Daily Feed Amount (kg) | |
|--------------------------------|--|
| Enter a number | |
| Average Fish Weight (g) | |
| Enter a number | |
| Feed Type | |
| Starter | |
| Grower | |
| Finisher | |
| Date of Last Feed Adjustment | |
| Enter date | |
| | |
| Nutritional Supplements Added | |
| ☐ Vitamin A | |
| ☐ Vitamin C | |
| Omega-3 Fatty Acids | |
| Notes on Fish Feeding Behavior | |
| Write something | |
| | |

Biosecurity Measures

Review of protocols to prevent introduction and spread of disease.

| Visitor Restrictions Applied? Full Restriction Limited Access with Log No Restriction |
|---|
| Number of Visitors Logged Today Enter a number |
| Last Disinfection Date Enter date |
| Disinfection Protocol Followed? Standard Protocol Modified Protocol (Specify in notes) N/A |
| Notes on Biosecurity Procedures Write something |
| Upload Proof of Disinfection L Upload File |

Waste Management

Monitoring of waste levels and efficiency of removal systems.

| Total Waste Volume (Gallons/Liters) Enter a number | |
|---|--|
| pH Level of Effluent | |
| Enter a number | |
| Waste Treatment Method Aerobic Treatment Anaerobic Digestion Filtration Settling Other | |
| Waste Composition (Select all that apply) Fish Feces Uneaten Feed Algae Plant Debris Other | |
| Date of Waste Removal Enter date | |

| Time of Waste Removal | |
|---|--|
| Notes on Waste Characteristics or Issues | |
| Write something | |
| Environmental Conditions Assessment of temperature, light, and oxygen levels. | |
| Water Temperature (°C) | |
| Enter a number | |
| Dissolved Oxygen (mg/L) | |
| Enter a number | |
| pH Level | |
| Enter a number | |
| Salinity (ppt) | |
| Enter a number | |
| | |

| Light Intensity (relative) Low Moderate High |
|--|
| Time of Measurement |
| Weather Conditions Sunny Cloudy Rainy Foggy Record Keeping & Reporting Verification of accurate and complete records of all observations and actions. |
| Date of Inspection Enter date |
| Time of Inspection |
| Water Temperature (°C) Enter a number |

| Dissolved Oxygen (mg/L) | |
|---|--|
| Enter a number | |
| Summary of Observations & Actions Taken | |
| Write something | |
| | |
| Overall System Status | |
| Excellent | |
| Good | |
| ☐ Fair | |
| Poor | |
| Photos/Videos of System | |
| ♣ Upload File | |
| Inspector Signature | |
| | |
| | |