Case ID_____

e.g., DEP_2006JUN08_001

Agency_Call Date_Call # for day

Cyanobacteria Bloom Reporting Form

State of Florida

Lead Person & Agency assigned to follow up this case:

- ☐ DEP
- ☐ DOH
- ☐ DACS
- ☐ FWCC
- ☐ Other, please specify

Lead Person's Contact Phone #: _____

Lead Person's Email Address: _____

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1) Case Type (check all that apply)

Human Health (DOH must be contacted)	☐
Animal Health (Pet/Livestock)	☐
Fish Kill	☐
Other, please specify	☐

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2) a) Was DOH contacted? (circle one >>) **Yes** **No**

If yes,

b) Who was contacted:_____

c) Date contacted:_____

d) How:

Phone	☐
Email	☐
In person	☐
Other, please specify	☐

3) a) Was a cyanobacteria bloom confirmed? (circle one) **Yes** **No** **Verification not done**

If yes,

b) Who did the verification?

c) How was the bloom verified as a cyanobacteria bloom? _____

_____

d) Was it dominated by a HAB species?
(circle one): **Yes** **No**

Dominant species_____

Other principal species_____

_____

_____

4) a) Were cyanotoxins present? (circle one) **Yes** **No** **Verification not done**

If yes,

b) Who did the analyses?_____

c) Analysis performed?_____

d) Concentration(s) in sample(s) collected _____

_____

_____

e) Method MDL and PQL?_____

f) Other analytical results available (e.g., nutrients or chlorophyll *a*)? **Yes** **No**

g) Additional analytical results_____

Append analytical chemistry report to this form.

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5) a) Is agency action needed? (circle one >>) **Yes** **No**

If yes,

b) Agency to take action (check all that apply)

- ☐ DEP
- ☐ DOH
- ☐ DACS
- ☐ FWCC
- ☐ Other, please specify

c) Action to be taken

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6) Was the person who called in the bloom report informed of the results?

(circle one): **Yes** **No** **Did not want follow-up**

If yes,

Date caller informed of results:_____

Method of informing caller:

Phone	☐
Email	☐
Mail (USPS)	☐
Other, please specify	☐

Person who informed caller:

7) Comments: