Case ID_____

e.g., DEP_2006JUN08_001

Agency_Call Date_Call # for day

Cyanobacteria Bloom Contact Form

State of Florida

Date Call Received _____Time_____AM/PM (circle one)

Person who talked to caller & completed this form: _____

Caller's Name:_____

Caller's Contact Phone #:_____

(This will only be used if we need additional information, and will not be released without your permission)

Caller's Email Address:_____

(This will only be used if you request additional information related to this event)

Caller's Agency or Affiliation

☐ Private Citizen
☐ DEP
☐ DOH
☐ DACS
☐ FWCC
☐ Other, please specify

Agency Receiving Call

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

1) Why are you calling?

2) When did you see it? Date_____Approximate Time_____AM/PM (circle one)

3) Where was the bloom? (Using MapQuest, Google Map, or some other online/GIS tool, mark location & extent of bloom on the map, print, and attach to this form)

4) How much of the water was covered by the bloom?

5) What color was the water?

6) What color was the algae?

7) You do not need to give specific details in answer to this question. Please just answer yes or no. Do you (or anyone with you) have any adverse health symptoms? (circle one) **Yes No**

If no, continue with question 8.

If yes, person taking call **must contact DOH immediately** and forward the case for further follow-up.

8) Describe any other adverse events related to your visit

9) Any other comments?

10) Would you like to be contacted with the results of the investigation? (circle one) **Yes No**

If yes, and no email for caller, get a mailing address:

Thank you for reporting this problem.

After call follow up

Agency assigned to follow up this case:

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

Person contacted: _____

Date contacted: _____