

# Login Checklist

RQ-2019-05-20-34

Login Station ID: #2

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 11/19/19 @ 9:50

| Cooler Temperature* | Samples Frozen | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Tracking #<br>Damaged waybills only |
|---------------------|----------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|-------------------------------------|
|                     |                |                                        |          |                                       | Present?      |    | *Intact? |    |                                     |
|                     | YES            | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                                     |
| 3.6                 |                |                                        |          | 6                                     |               | ✓  |          |    | 4751 8779 + 4717 IM 11/19/19        |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |

\*All samples received on ice unless otherwise noted. If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX and microbiology), received without ice, or if Evidence Seal is damaged; identify the containers in the affected cooler(s) on back of this form. HNO3 and Formalin preserved samples do **NOT** have a temperature requirement. **DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C) without login confirmation from customer for samples requiring ice preservation; An NCR still is required.**

\*\*Chain of Custody/ Field Sheet(s) Included? Yes ☒ No ☐

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes ☐ No ☒

**\*\*Note:** If "No" is checked below, fill out the back of this form (Field ID, Test IDs, etc.) and generate an NCR.

## CONTAINER CHECK

\*\*Evidence Tape on Bottles? Yes ☐ No ☐ If yes, is it intact? Yes ☐ No ☐

\*\*Caps on tight? Yes ☒ No ☐ \*\*Containers intact? Yes ☒ No ☐

\*\*Sufficient Sample Volume: Yes ☒ No ☐

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes ☐ No ☒ Init: IM

Chlorine detected? (One container checked per Field ID) Yes ☐ No ☐ Init: ☐

If "YES", list affected Field IDs and Test IDs below.

| Field ID | List TestID(s) where Chlorine was Detected, an NCR is required. |
|----------|-----------------------------------------------------------------|
|          |                                                                 |
|          |                                                                 |
|          |                                                                 |
|          |                                                                 |

## PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

\*\*Acid Preserved Samples: pH ≤ 2.0? Yes ☒ No ☐ NA ☐ Init: IM

\*\*W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes ☐ No ☒ NA ☐ Init: IM

Coolers Unpacked/Checked by: IM Date: 11/19/19 NCRs (Y/N)? ☒

Event ID: Algal Bloom Response - As needed  
WQAP-2019-11-19-03 (BLOOM-RESP)  
Date Received: 19-NOV-2019 09:50  
NCR # ☐

# 

### Samples with Incorrect pH Preservation

| Field ID | Bottle TestID(s) | pH | Action Taken |
|----------|------------------|----|--------------|
|          |                  |    |              |
|          |                  |    |              |
|          |                  |    |              |

### Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

| Cooler ID | Field ID | Bottle TestID(s) |
|-----------|----------|------------------|
|           |          |                  |
|           |          |                  |
|           |          |                  |

### Bottles Not Intact

| Field ID | Bottle TestID(s) | Loose Cap | Damaged Cap |    | Damaged Container |    | Evidence Tape Not Intact |
|----------|------------------|-----------|-------------|----|-------------------|----|--------------------------|
|          |                  |           | CK          | BR | CK                | BR |                          |
|          |                  |           |             |    |                   |    |                          |
|          |                  |           |             |    |                   |    |                          |
|          |                  |           |             |    |                   |    |                          |

### Samples with Insufficient Volume for Analyses

| Field ID | Bottle TestID(s) | Action Taken |
|----------|------------------|--------------|
|          |                  |              |
|          |                  |              |
|          |                  |              |

### Additional Comments:

|                            |                          |
|----------------------------|--------------------------|
| Infrared Thermometer ID:   | REC_02_2018 EXP: 4/29/20 |
| pH Test Strips 0 – 6 Lot # |                          |
| pH Paper 0 – 3 Lot #       |                          |
| pH Paper 0 – 13 Lot #      | 215517 EXP: 6/1/20       |
| Chlorine Test Strips Lot # | 7226 EXP:7/2020          |

### ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes \_\_\_\_\_ No ✓

Date and time placed in freezer \_\_\_\_\_

Were all samples placed in freezer within 48 hours of collection? Yes \_\_\_\_\_ If No \_\_\_\_\_

no, were samples shipped on dry ice? Yes \_\_\_\_\_ No \_\_\_\_\_

### FOR CLEAN LAB USE ONLY – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):

Samples preserved within 48 hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and time samples preserved: \_\_\_\_\_

Algal Bloom Response - As needed

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By: KATHRYN MCBRIDE

Project ID: BLOOM-RESP

Collected By: KATHRYN MCBRIDE

Sampling Agency: CITY OF CAPE CORAL

|                                             |  |                                                                           |  |                                                               |  |                                                                            |  |                                                                      |  |                                     |  |
|---------------------------------------------|--|---------------------------------------------------------------------------|--|---------------------------------------------------------------|--|----------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-------------------------------------|--|
| Location<br>3716 Gulfstream Pkwy Cape Coral |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 11/18/2019 Time 10:55 |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle<br>Group(s)<br>(See pg 2)    |  |
| Field ID<br>CC-111819-001                   |  | Matrix (type, e.g., Salt, Fresh, etc)<br>SALT                             |  | Diss. Oxygen<br>1.28                                          |  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                                        |  |                                     |  |
| WIN/STORET #                                |  | Temp<br>(C) 22.379                                                        |  | pH<br>7.07                                                    |  | Sample<br>Depth 1.217                                                      |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m |  | Sp. Conductance<br>(umho/cm) 35.541 |  |
| Latitude<br>26 40 923                       |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Longitude<br>82 03 077                                        |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                |  | Salinity<br>(ppt) 22.43                                              |  | Comments                            |  |
| Location                                    |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                  |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle<br>Group(s)                  |  |
| Field ID                                    |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                  |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine<br>(mg/L)                                        |  |                                     |  |
| WIN/STORET #                                |  | Temp<br>(C)                                                               |  | pH                                                            |  | Sample<br>Depth                                                            |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance<br>(umho/cm)        |  |
| Latitude                                    |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Longitude                                                     |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                |  | Salinity<br>(ppt)                                                    |  | Comments                            |  |
| Location                                    |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                  |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle<br>Group(s)                  |  |
| Field ID                                    |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                  |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine<br>(mg/L)                                        |  |                                     |  |
| WIN/STORET #                                |  | Temp<br>(C)                                                               |  | pH                                                            |  | Sample<br>Depth                                                            |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance<br>(umho/cm)        |  |
| Latitude                                    |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Longitude                                                     |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                |  | Salinity<br>(ppt)                                                    |  | Comments                            |  |
| Location                                    |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                  |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle<br>Group(s)                  |  |
| Field ID                                    |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                  |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine<br>(mg/L)                                        |  |                                     |  |
| WIN/STORET #                                |  | Temp<br>(C)                                                               |  | pH                                                            |  | Sample<br>Depth                                                            |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance<br>(umho/cm)        |  |
| Latitude                                    |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Longitude                                                     |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                |  | Salinity<br>(ppt)                                                    |  | Comments                            |  |
| Location                                    |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                  |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle<br>Group(s)                  |  |
| Field ID                                    |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                  |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine<br>(mg/L)                                        |  |                                     |  |
| WIN/STORET #                                |  | Temp<br>(C)                                                               |  | pH                                                            |  | Sample<br>Depth                                                            |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance<br>(umho/cm)        |  |
| Latitude                                    |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Longitude                                                     |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                |  | Salinity<br>(ppt)                                                    |  | Comments                            |  |

|                  |           |                 |                            |                           |                            |
|------------------|-----------|-----------------|----------------------------|---------------------------|----------------------------|
| Relinquished By: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By:<br>Ian McCoy | Date/Time<br>11/19/19 9:50 |
|------------------|-----------|-----------------|----------------------------|---------------------------|----------------------------|

|          |                                                                |                 |                          |                                     |   |
|----------|----------------------------------------------------------------|-----------------|--------------------------|-------------------------------------|---|
| Group: A | Bottle Type: PT-50ML<br>BLOOM-ID                               | # of Bottles: 2 | Preservative: ICE        | Enter Number of Bottles Sent to Lab | 1 |
| Group: B | Bottle Type: BG-250ML-WDMT<br>H<br>W-MCYST-AA                  | # of Bottles: 2 | Preservative: ICE        | Enter Number of Bottles Sent to Lab | 1 |
| Group: C | Bottle Type: BP-1L<br>CHLSUITE-W                               | # of Bottles: 2 | Preservative: ICE        | Enter Number of Bottles Sent to Lab | 1 |
| Group: C | Bottle Type: P-500ML<br>W-NH3<br>W-NO2NO3<br>W-S-A-TP<br>W-TKN | # of Bottles: 2 | Preservative: ICE And H  | nt to Lab                           | 1 |
| Group: C | Bottle Type: P-125ML<br>W-PO4-F                                | # of Bottles: 2 | Preservative: FILTER-ICE | Enter Number of Bottles Sent to Lab | 1 |
| Group: D | Bottle Type: BP-1L<br>DTY-QN-C<br>PKD-QN-C                     | # of Bottles: 2 | Preservative: Lugols     | Enter Number of Bottles Sent to Lab | 1 |



Date of Request: 06-MAY-2019  
 Created By: WOLFE\_K On: 06-MAY-2019  
 Modified By: JASROTIA\_P On: 10-MAY-2019  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division: Division of Environmental Assessment and Restoration  
 District: SROC  
 Sampling Event: Algal Bloom Response - As needed

**Send Coolers To:**

Phone: 239-574-0745 (xt 4745)  
 Environmental Resources Division Public Works  
 815 Nicholas Parkway E  
 Cape Coral, FL 33990  
 Attn: Maya Robert

Program Module Number:  
 Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 10-MAY-2019  
 Biology Request Reviewed By: JASROTIA\_P On: 10-MAY-2019  
 Sampling Kit Required: YES Ship on: 13-MAY-2019  
 Sampling Kit Shipped: YES On: 13-MAY-2019  
 Sampling Kit Packed By: REAVES\_S  
 Preservatives Needed: YES  
 Date to Receive Samples: 20-MAY-2019  
 Received By: REYNOLDS\_T On: 24-SEP-2019

**Send Final Report To:**

2295 Victoria AVE  
 Suite 364  
 Fort Myers, FL 33901  
 Attn: Kirby Wolfe

Report Type: Final Only  
 FTP Data: NO  
 QC Report: YES  
 Date Log: NO  
 Authorization Log: NO

Comments: 1 - case of sulfuric acid  
 1 - set of sulfuric labels

Kits for Cape Coral  
 Unless peak algal bloom season, may analyze toxin after consultation with Biology's Taxonomy Manager.

Bottle Groups A/B/C - separate event, priority 1  
 Bottle Group D - separate event, priority 12

Bottle Group A - Priority 1  
 For algal dominant taxon.

Bottle Group B - Priority 1  
 For toxin testing.

Bottle Group C - Priority 1  
 Water quality testing - nutrients and chlorophyll

Bottle Group D - Priority 12  
 For algal full ID

There are multiple bottles per Group in case multiple sample targets or sample locations are needed. Samplers use best professional judgement to decide which samples are appropriate to collect for a particular response. All sets of bottles do not have to be filled at one time.

Please print two copies of algal job labels at login

**Bottle Group A (Biological) With 2 Samples:**

Bottle Type: PT-50ML Number of Bottles: 2 Preserved With: ICE  
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

**Bottle Group B (Water) With 2 Samples:**

Bottle Type: BG-250ML-WDMTH Number of Bottles: 2 Preserved With: ICE  
 W-MCYST-AA Template: (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

**Bottle Group C (Water) With 2 Samples:**

**Bottle Group C (Water) With 2 Samples:**

|                    |                      |                                                                                                              |
|--------------------|----------------------|--------------------------------------------------------------------------------------------------------------|
| Bottle Type: BP-1L | Number of Bottles: 2 | Preserved With: ICE                                                                                          |
| CHLSUITE-W         | Template: DEFAULT    | (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry |

|                      |                      |                                                                     |
|----------------------|----------------------|---------------------------------------------------------------------|
| Bottle Type: P-500ML | Number of Bottles: 2 | Preserved With: ICE And H2SO4                                       |
| W-NH3                | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L          |
| W-NO2NO3             | Template: DEFAULT    | (EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L  |
| W-S-A-TP             | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L |
| W-TKN                | Template: DEFAULT    | (EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices    |

|                      |                      |                                                                                          |
|----------------------|----------------------|------------------------------------------------------------------------------------------|
| Bottle Type: P-125ML | Number of Bottles: 2 | Preserved With: FILTER-ICE                                                               |
| W-PO4-F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L |

**Bottle Group D (Water) With 2 Samples:**

|                    |                      |                                                                       |
|--------------------|----------------------|-----------------------------------------------------------------------|
| Bottle Type: BP-1L | Number of Bottles: 2 | Preserved With: Lugols                                                |
| DTY-QN-C           | Template: DEFAULT    | (SOP-AB05_1) No. of diatom taxa of quantitative phytoplankton sample. |
| PKD-QN-C           | Template: DEFAULT    | (SOP-AB05) No. of wet taxa of quantitative phytoplankton sample.      |

---

\* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.