

# Login Checklist

RQ- 2020-01-20-4

Login Station ID: # 3

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 01-30-2020 / 10:35

| Cooler Temperature* | Samples Frozen<br>YES | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |                                     |          |    | Tracking #<br>Damaged waybills only |
|---------------------|-----------------------|----------------------------------------|----------|---------------------------------------|---------------|-------------------------------------|----------|----|-------------------------------------|
|                     |                       | HNO <sub>3</sub>                       | Formalin |                                       | Present?      |                                     | *Intact? |    |                                     |
|                     |                       |                                        |          |                                       | Yes           | No                                  | Yes      | No |                                     |
| <u>2-8C</u>         |                       |                                        |          | <u>6</u>                              |               | <input checked="" type="checkbox"/> |          |    | <u>1278 4010 7447</u>               |
|                     |                       |                                        |          |                                       |               |                                     |          |    |                                     |
|                     |                       |                                        |          |                                       |               |                                     |          |    |                                     |
|                     |                       |                                        |          |                                       |               |                                     |          |    |                                     |
|                     |                       |                                        |          |                                       |               |                                     |          |    |                                     |
|                     |                       |                                        |          |                                       |               |                                     |          |    |                                     |
|                     |                       |                                        |          |                                       |               |                                     |          |    |                                     |

\*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. HNO<sub>3</sub> 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 X No       

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes ~~FE~~ No X  
ABS

**\*\*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 X If yes, is it intact? Yes        No       

\*\*Caps on tight? Yes X No        \*\*Containers intact? Yes X No       

\*\*Sufficient Sample Volume: Yes X No       

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes        No        Init: ABS

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

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 X No        NA        Init: ABS

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

Coolers Unpacked/Checked by: ABS / Date: 01-30-2020 NCRs (Y/N)?       

Event ID: Algal Bloom Response - CEROC  
WQAP-2020-01-30-01 (BLOOM-RESP) NCR #

# 

### Samples with Incorrect pH Preservation

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

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

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

### Bottles Not Intact

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

### Samples with Insufficient Volume for Analyses

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

### Additional Comments:

|                            |                        |
|----------------------------|------------------------|
| Infrared Thermometer ID:   | IR TG#3 EXP:11/05/2020 |
| pH Test Strips 0 – 6 Lot # | 2133AV EXP:05/15/2020  |
| pH Paper 0 – 3 Lot #       | 220416A EXP:07/30/2020 |
| pH Paper 0 – 13 Lot #      | 208717 EXP:03/31/2020  |
| Chlorine Test Strips Lot # | 8261 2021 / 07         |

### ENCORE SAMPLES

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

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

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: \_\_\_\_\_



# Cyanobacteria Bloom Response Field Data Sheet (2019-12-16 v4)

Email scanned submittal forms to [lab.receiving@FloridaDEP.gov](mailto:lab.receiving@FloridaDEP.gov)

RQ - 2020 - 01-20-11

Collected By:

Leif Boman, Elizabeth Bates

Customer: FDEP / WQAP

Field Report

Leif Boman

Project ID: BLOOM-RESP

Prepared By:

Sampling Agency: 21FLCEN, CENROC

Location:

Comments:

Win ID: HABCE0002

Field ID: HABCE002\_LAKE GRACE

Coordinates: 28.550264, -81.51036

Collection Equip: Sample Bottles

High Tide Time:

Low Tide Time: /

WIN ID:

Matrix: Fresh Marine

Grab

Tide: ☐ Rising ☐ Falling ☐ Slack ☒ N/A

## Water Quality

| Date    | Time<br><input checked="" type="checkbox"/> EST<br><input type="checkbox"/> CEN | D.O.<br>(%) | D.O.<br>(mg/L) | Temp<br>(°C) | pH<br>(SU)   | Sample<br>Depth<br>(m) | Total<br>Depth<br>(m) | Secchi<br>Disk<br>(m) | Sp. Cond.<br>(µmho/cm) | Salinity<br>(PPT) |
|---------|---------------------------------------------------------------------------------|-------------|----------------|--------------|--------------|------------------------|-----------------------|-----------------------|------------------------|-------------------|
| 1/29/20 | 13:48                                                                           | 79.8        | 7.51           | 18.2         | 7.12<br>7.06 | 0.3                    | 0.5                   | 0.5<br>VOB            | 140.2<br>137.9         | 0.07              |

## Bloom Observations

Algal Bloom Observed? ☒ Yes ☐ No

Water Surface ☐ Clear ☒ Scum

☐ Globbs ☐ Slick

Water Clarity ☐ Clear ☒ Slightly Turbid

☐ Turbid ☐ Opaque

Bloom Color ☒ Green ☐ Red

☐ Brown ☐ Other: ☐ N/A

Algae Distribution ☒ Suspended in water column

☒ On surface ☐ Other: ☐ N/A

Water Odors ☒ Normal ☐ Sewage

☐ Petroleum ☐ Chemical ☐ Other: ☐ N/A

## Parameter Suite

## Parameter Methods

## Preservation

pH  
Check

#Bottles  
Sent to  
Lab

Bottle  
Group

Bloom ID (PT-50mL)

☒ BLOOM-ID

☒ Ice

1

A

Chlorophyll (BP-1L)

☒ CHLSUITE-W

☒ Ice

1

B

Toxins (BG-WD250)

☒ W-MCYST-AA

☒ Ice

1

B

☒ W-NH3 / W-NO2NO3 / W-TKN / W-S-A-TP

☒ Ice

☒ H2SO4 ☒ <2

1

Preserved Nutrients  
(500mL HDPE)

Acid Lot: SA903  
SA9301030

Exp: 10/28/20

Filtered Nutrients  
(P125mL)

☒ W-PO4-F

☒ Field Filtered 0.45µm Filter

☒ Ice

1

B

Filter Lot # 16930280

Quantitative Algae

☐ DTY-QN-C / PKD-QN-C

☒ Ice

Lugols? Y ☒ N

1

C

Relinquished By:

Date/Time

Number of Coolers Shipped

Received By:

Date/Time

Leif Boman 01/29/20  
15:30

1

UIMS EVENT ID: CENT-DIST-2020-

Enter Field Parameters, Verify Station ID in UIMS DMT:

QC Station ID, Field Parameters in UIMS DMT:

Scan/Save Field Sheets

Migrate Data to WIN:

Verify Data in WIN:

Green-ID JMM 1/30/20 11:19

ABP 01-30-20 11:35  
01-30-20 11:30 Juyoung (ch

Date of Request: 30-DEC-2019  
 Created By: LINGER\_M On: 30-DEC-2019  
 Modified By: JASROTIA\_P On: 08-JAN-2020  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division: Division of Environmental Assessment and Restoration  
 District: CEROC  
 Sampling Event: Algal Bloom Response - CEROC

**Send Coolers To:**

Phone: 407-897-4180  
 3319 Maguire Blvd  
 Suite 232  
 Orlando, FL 32803  
 Attn: Mike Linger

**Send Final Report To:**

3319 Maguire Blvd  
 Suite 232  
 Orlando, FL 32806  
 Attn: Mike Linger

**Program Module Number:**

Priority: 1  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 08-JAN-2020  
 Biology Request Reviewed By: JASROTIA\_P On: 08-JAN-2020  
 Sampling Kit Required: YES Ship on: 15-JAN-2020  
 Sampling Kit Shipped: YES On: 14-JAN-2020  
 Sampling Kit Packed By: SHAIK\_A  
 Preservatives Needed: NO  
 Date to Receive Samples: 20-JAN-2020  
 Received By: SHAIK\_A On: 30-JAN-2020

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

Comments: Unless peak algal bloom season, may analyze toxin after consultation with Biology's Taxonomy Manager.

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

Bottle Group A - Priority 1  
 For algal dominant taxon.

Bottle Group B - Priority 1  
 For toxin testing, nutrients, and chlorophyll

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

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

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

|                      |                      |                                                                                          |
|----------------------|----------------------|------------------------------------------------------------------------------------------|
| 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 C (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.      |

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