

RQ-2020-12-02-58

# Login Checklist

Login Station ID: #4

Shipping Method: FedEx UPS | HD | Greyhound

Date/Time of Receipt: 08/11/2020 @ 11:35

| *Cooler Temperature | Samples Frozen? | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Waybill Tracking # |
|---------------------|-----------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|--------------------|
|                     |                 |                                        |          |                                       | Present?      |    | *Intact? |    |                    |
|                     | YES             | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                    |
| 2.2                 |                 |                                        |          | 6                                     |               | x  |          |    | 1190 3161 6635     |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |

## COOLER CHECK

\*All samples received on ice unless otherwise noted. HNO<sub>3</sub> and Formalin preserved samples do NOT have a temperature requirement.

- If the temperature of a cooler exceeds 6.0 oC (above 10.0 oC for W-1-4-DIOX and microbiology) or received without ice, identify affected samples in an NCR. NCR# \_\_\_\_\_
- DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C for W-1-4-DIOX) without login confirmation from customer for samples requiring ice preservation; identify affected samples in an NCR. NCR# \_\_\_\_\_
- If cooler or samples are received with a damaged Evidence Seal; identify the affected samples in an NCR. NCR# \_\_\_\_\_
- If coolers or samples are received late; identify the affected samples in an NCR. NCR# \_\_\_\_\_

Chain of Custody/ Field Sheet(s) Included?

Yes ☒ No \_\_\_\_\_

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included?

Yes \_\_\_\_\_ No ☒

## CONTAINER CHECK

Evidence Tape on Bottles? Yes \_\_\_\_\_ No \_\_\_\_\_ NA ☒ Evidence Tape intact? Yes \_\_\_\_\_ No \_\_\_\_\_

If Criminal, photographs taken? Yes \_\_\_\_\_ No \_\_\_\_\_

Containers intact? Yes ☒ No \_\_\_\_\_

Caps on tight? Yes ☒ No \_\_\_\_\_

Sufficient Sample Volume: Yes ☒ No \_\_\_\_\_

If **NO** is checked above, generate an NCR listing affected sample IDs in its appropriate category. NCR# \_\_\_\_\_

**CHLORINE CHECK REQUIRED?** (Blue dot on container)

Yes \_\_\_\_\_ No ☒ Init: Jydup

Chlorine detected? (One container checked per Field ID)

Yes \_\_\_\_\_ No \_\_\_\_\_ Init: \_\_\_\_\_

If chlorine is detected, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

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

\*\*Acid Preserved Samples: pH < 2.0?

Yes ☒ No \_\_\_\_\_ NA \_\_\_\_\_ Init: Jydup

\*\*W-1-4-DIOX (Green dot on container) preserved to pH < 4.0?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA ☒ Init: Jydup

If samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

Coolers Unpacked/Checked by: Jydup

Date: 08/11/2020

Event contains NCRs (Y/N)? None

Event ID: Algal Bloom Response -SOROC

WQAP-2020-08-11-01 (BLOOM-RESP)

Page 1 of Date Received: 11-AUG-2020 11:35

## Login Checklist

### Login Preservation Equipment

### Lot # & Exp: Date

### Additional Comments:

|                          |                            |
|--------------------------|----------------------------|
| Infrared Thermometer ID: | #4 Temp Gun EXP:11/05/2020 |
| pH Test Strips 0 – 6     |                            |
| pH Paper 0 – 3           |                            |
| pH Paper 0 – 13          | 231019 EXP:11/01/2022      |
| Chlorine Test Strips     | 8261 EXP:07/2021           |

### ENCORE SAMPLES

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

Were Encore samples received? Yes \_\_\_\_\_ Init: \_\_\_\_\_

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

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

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

If S-VOC-MS samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

### **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 -SOROC

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By:

Project ID: BLOOM-RESP

Collected By:

Sampling Agency:

|                                                                         |                                                                          |                                                                           |                                                                         |                                                                                 |                                                |                                                |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Location<br><u>Imperial River Bonita Bay Outflow</u>                    |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>8/10/20</u> Time <u>1045</u> | Eastern<br><input checked="" type="checkbox"/> Central                          | Composite end<br>Date _____ Time _____         | Bottle<br>Group(s)<br>(See pg 2)<br><u>ABC</u> |
| Field ID<br><u>SD081020 ALB1</u>                                        |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                         | Diss. Oxygen<br><u>25.0</u>                                                     | Total Res. Chlorine<br>(mg/L)<br><u>1% sat</u> |                                                |
| WIN/STORET #                                                            |                                                                          | Temp<br>(C) <u>30.69</u>                                                  | pH<br><u>7.67</u>                                                       | Sample<br>Depth <u>0.3</u>                                                      | Sp. Conductance<br>(umho/cm) <u>2526</u>       |                                                |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt) <u>1.29</u>                                             | Comments<br><u>Sampled below weir outflow</u>                           |                                                                                 |                                                |                                                |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date _____ Time _____                | Eastern<br><input type="checkbox"/> Central                                     | Composite end<br>Date _____ Time _____         | Bottle<br>Group(s)                             |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen<br><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                                                                 | Sp. Conductance<br>(umho/cm)                   |                                                |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                                |                                                                                 |                                                |                                                |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date _____ Time _____                | Eastern<br><input type="checkbox"/> Central                                     | Composite end<br>Date _____ Time _____         | Bottle<br>Group(s)                             |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen<br><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                                                                 | Sp. Conductance<br>(umho/cm)                   |                                                |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                                |                                                                                 |                                                |                                                |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date _____ Time _____                | Eastern<br><input type="checkbox"/> Central                                     | Composite end<br>Date _____ Time _____         | Bottle<br>Group(s)                             |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen<br><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                                                                 | Sp. Conductance<br>(umho/cm)                   |                                                |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                         | Comments                                                                |                                                                                 |                                                |                                                |

|                                        |                                   |                                 |                                        |                                        |                                        |
|----------------------------------------|-----------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| Relinquished By:<br><u>Kirby Wolfe</u> | Date/Time<br><u>8/10/20 12:30</u> | Shipping Method<br><u>Fedex</u> | Number of Coolers Shipped:<br><u>1</u> | Received By:<br><u>Jasper Reynolds</u> | Date/Time<br><u>08/11/2020 @ 11:35</u> |
|----------------------------------------|-----------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|

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|          |              |         |                 |               |     |                                     |
|----------|--------------|---------|-----------------|---------------|-----|-------------------------------------|
| Group: A | Bottle Type: | PT-50ML | # of Bottles: 2 | Preservative: | ICE | Enter Number of Bottles Sent to Lab |
|----------|--------------|---------|-----------------|---------------|-----|-------------------------------------|

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BLOOM-ID

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|          |              |       |                 |               |     |                                     |
|----------|--------------|-------|-----------------|---------------|-----|-------------------------------------|
| Group: B | Bottle Type: | BP-1L | # of Bottles: 2 | Preservative: | ICE | Enter Number of Bottles Sent to Lab |
|----------|--------------|-------|-----------------|---------------|-----|-------------------------------------|

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CHLSUITE-W

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|          |              |                    |                 |               |     |                                     |
|----------|--------------|--------------------|-----------------|---------------|-----|-------------------------------------|
| Group: B | Bottle Type: | BG-250ML-WDMT<br>H | # of Bottles: 2 | Preservative: | ICE | Enter Number of Bottles Sent to Lab |
|----------|--------------|--------------------|-----------------|---------------|-----|-------------------------------------|

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W-MCYST-AA

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|          |              |         |                 |               |               |                                     |
|----------|--------------|---------|-----------------|---------------|---------------|-------------------------------------|
| Group: B | Bottle Type: | P-500ML | # of Bottles: 2 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab |
|----------|--------------|---------|-----------------|---------------|---------------|-------------------------------------|

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W-NH3

W-NO2NO3

W-S-A-TP

W-TKN

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|          |              |         |                 |               |            |                                     |
|----------|--------------|---------|-----------------|---------------|------------|-------------------------------------|
| Group: B | Bottle Type: | P-125ML | # of Bottles: 2 | Preservative: | FILTER-ICE | Enter Number of Bottles Sent to Lab |
|----------|--------------|---------|-----------------|---------------|------------|-------------------------------------|

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W-PO4-F

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|          |              |       |                 |               |        |                                     |
|----------|--------------|-------|-----------------|---------------|--------|-------------------------------------|
| Group: C | Bottle Type: | BP-1L | # of Bottles: 2 | Preservative: | Lugols | Enter Number of Bottles Sent to Lab |
|----------|--------------|-------|-----------------|---------------|--------|-------------------------------------|

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DTY-QN-C

PKD-QN-C

Date of Request: 21-NOV-2019  
 Created By: WOLFE\_K On: 21-NOV-2019  
 Modified By: JASROTIA\_P On: 21-NOV-2019  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division: Division of Environmental Assessment and Restoration  
 District: SROC  
 Event Description: Algal Bloom Response -SOROC

**Send Coolers To:**

Phone: 850-245-8416  
 2295 Victoria AVE  
 Suite 364  
 Fort Myers, FL 33901  
 Attn: Kirby Wolfe  
 Cooler Ship EMail: kirby.wolfe@dep.state.fl.us

Priority: 1  
 Event Status: A  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 21-NOV-2019  
 Biology Request Reviewed By: JASROTIA\_P On: 21-NOV-2019  
 Sampling Kit Required: NO Ship on:  
 Sampling Kit Shipped:  
 Sampling Kit Packed By:  
 Preservatives Needed: NO  
 Date to Receive Samples: 02-DEC-2019  
 Logged In By:

**Send Final Report To:**

2295 Victoria AVE  
 Suite 364  
 Fort Myers, FL 33901  
 Attn: Kirby Wolfe  
 Report Notification EMail:  
 kirby.wolfe@dep.state.fl.us;kalina.warren@dep.state.fl.us;Cheryl.  
 Swanson@dep.state.fl.us;

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.