

Login Checklist

RQ-2020-10-05-68

Login Station ID: #5

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 10/08/20 @ 9:55

*Cooler Temperature	Samples Frozen?	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Waybill Tracking #
					Present?		*Intact?		
	YES	HNO ₃	Formalin		Yes	No	Yes	No	
0.6				2					7717 1965 8641

COOLER CHECK

*All samples received on ice unless otherwise noted. HNO₃ 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# 8454

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: TR

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: TR

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

Yes ☐ No ☐ NA ☒ Init: TR

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

Coolers Unpacked/Checked by: Tiberius

Date: 10/08/20

Event contains NCRs (Y/N)? YES

Event ID: Algal Bloom Response - NW ROC
WQAP-2020-10-08-01 (BLOOM-RESP)

Page 1 of 2, 06/15/ Date Received: 08-OCT-2020 09:55

Login Checklist

Login Preservation Equipment

Lot # & Exp: Date

Additional Comments:

Infrared Thermometer ID:	Temp Gun #5 EXP:11/05/2020
pH Test Strips 0 – 6	5/15/21 LOT#213316BV
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: _____

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Customer: WQAP

Requester: Michael King

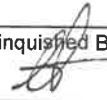
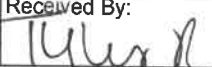
Field Report Prepared By: MIKE KING

Project ID: BLOOM-RESP

Collected By: MIKE KING

Sampling Agency: FDEP

Location DIRECT RUNOFF UPSTREAM OF LAUREL DRIVE		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 10/06 Time 0928	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2) A
Field ID HAB_10062020 - LAUREL DRIVE		Matrix (type, e.g., Salt, <u>Fresh</u> etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
WIN/STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) Comments				
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
WIN/STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) Comments				
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
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Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) Comments				
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
WIN/STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) Comments				

Relinquished By: 	Date/Time 10/06/20 1600	Shipping Method FedEx	Number of Coolers Shipped: 1	Received By: 	Date/Time 10/8/2020 @ 9:55
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Group: A

Bottle Type:

of Bottles: 0

Preservative:

Enter Number of Bottles Sent to Lab

2

BLOOM-ID

W-MCYST-AA

Date of Request: 05-OCT-2020
Created By: KING_M On: 05-OCT-2020
Modified By: JASROTIA_P On: 06-OCT-2020
Customer: WQAP
Project: BLOOM-RESP
Division: Division of Environmental Assessment and Restoration
District: Northwest
Event Description: Algal Bloom Response - NW ROC

Send Coolers To:

Phone: 850-595-0605
160 W Government St
Suite 208
Pensacola, FL 325602
Attn: Michael King
Cooler Ship EMail: michael.king@dep.state.fl.us

Priority: 1
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 05-OCT-2020
Biology Request Reviewed By: JASROTIA_P On: 06-OCT-2020
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 05-OCT-2020
Logged In By: REYNOLDS_T On: 08-OCT-2020

Send Final Report To:

2600 Blair Stone Rd
MS #6511
Tallahassee, FL 32399-2400
Attn: Nia Wellendorf
Report Notification EMail:
michael.king@dep.state.fl.us;cheryl.bunch@dep.state.fl.us;alicia.
hogue@dep.state.fl.us;

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

Bottle Group A - Priority 1
For algal dominant taxon.

Bottle Group B - Priority 1
For toxin testing

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 4 Samples:

Bottle Type: PT-50ML Number of Bottles: 4 Preserved With: ICE
BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Bottle Group B (Water) With 4 Samples:

Bottle Type: BG-250ML-WDMTH Number of Bottles: 4 Preserved With: ICE
W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

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

