

Login Checklist

RQ- **2021 - 05 - 24 - 56**

Login Station ID: **# 3**

Shipping Method: **FedEx** | UPS | HD | Greyhound

Date/Time of Receipt: **06-15-2021 / 08:15**

*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	
2.1C				6		X			8750 6638 6442

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#** _____

Chain of Custody/ Field Sheet(s) Included?

Yes **X** No _____

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

Yes _____ No **X**

CONTAINER CHECK

Evidence Tape on Bottles?

Yes _____ No _____ NA **X**

Evidence Tape intact? Yes _____ No _____

If Criminal, photographs taken?

Yes _____ No _____

Containers intact? Yes **X** No _____

Caps on tight?

Yes **X** No _____

Sufficient Sample Volume:

Yes **X** 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 **X** Init: **ABS** /

Chlorine detected? (One container checked per Field ID)

Yes _____ No _____ Init: **ABS** /

If chlorine is detected, generate an NCR listing affected sample IDs . **NCR#** _____

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

ABS

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

Yes **XX** No _____ NA **X** Init: **ABS** /

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

Yes _____ No _____ NA **X** Init: **ABS** /

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

Coolers Unpacked/Checked by: **ABS** /

Date: **06-15-2021** Event contains NCRs (Y/N)? **N**

Event ID:

SFWMD - 2021 - 06 - 15 - 01

Login Checklist

Login Preservation Equipment

Lot # & Exp: Date

Additional Comments:

Infrared Thermometer ID:	IRTG # 3 EXP:10/28/2021
pH Test Strips 0 – 6	Lot # 232518V EXP:NOV 30 2021
pH Paper 0 – 3	N/A
pH Paper 0 – 13	Lot # 231019 EXP:NOV 1 2022
Chlorine Test Strips	0261 2023 / 05

ENCORE SAMPLES

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

Were Encore samples received? Yes _____ Init: ABS

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: _____

Request Number: RQ- 2021-05-24-56

SFWMD Bloom Response (West Palm Beach)

Florida Department of Environmental Protection

Central Laboratory Submittal Form

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last revised Jan 25, 2018

Customer: SFWMD

Requester: Amelia G. Rankin

Field Report Prepared By: Sam Erinsa

Project ID: BLOOM-RESP

Collected By: Sam Erinsa

Sampling Agency: SFWMD

Location <u>Lake Okeechobee</u>		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>6/14/21</u> Time <u>1442</u>		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2) <u>ABC</u>	
Field ID <u>S169</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)					
WIN/STORET #		Temp (C)		pH		Sample Depth <u>0.3</u> ☐ ft ☒ m		Sp. Conductance (umho/cm)			
Latitude <u>26.762° N</u> ☒ dd ☐ dms		Longitude <u>80.920° W</u> ☒ dd ☐ dms		Salinity (ppt)		Comments <u>No visible BGA</u>					

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)	
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)	
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	Shipping Method	Number of Coolers Shipped:	Received By: <u>ABC</u>	Date/Time <u>06-15-21/8-15</u>
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Group: A	Bottle Type:	PT-50ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
BLOOM-ID							
Group: B	Bottle Type:	BG-250ML-WDMT H	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
W-MCYST-AA							

Request Number: RQ-2021-05-24-S6

SFWMD Bloom Response (West Palm Beach)

Florida Department of Environmental Protection

Central Laboratory Submittal Form

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last revised Jan 25, 2018

Customer: SFWMD

Project ID: BLOOM-RESP

Requester: Amelia G. Rankin

Collected By: Sam Eriksen

Field Report Prepared By: Sam Eriksen

Sampling Agency: SFWMD

Location LAKE OKEECHOBEE		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 6/14/21 Time 1340		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)	
Field ID CULV10A		Matrix (type, e.g., Salt, Fresh, etc) Fresh		Diss. Oxygen		☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		A B C	
WIN/STORET #		Temp (C)		pH		Sample Depth 0.3		☐ ft ☒ m			
Latitude 26.917°N ☒ dd ☐ dms		Longitude 80.613°W ☒ dd ☐ dms		Salinity (ppt)		Comments High density surface BG-A. BG-A bright green. No defined boundaries.					
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			
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			
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			
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			
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)		Comments					

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
				ABF	06-15-21/08:15

00:01:00 00:01:00

NO TALKING PERMITTED
NO TALKING PERMITTED
NO TALKING PERMITTED

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Group: A	Bottle Type:	PT-50ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>1</u>
BLOOM-ID							

Group: B	Bottle Type:	BG-250ML-WDMT H	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>1</u>
W-MCYST-AA							

Date of Request: 21-MAY-2021
Created By: SWANSON_C On: 21-MAY-2021
Modified By: WATTS_J On: 21-MAY-2021
Customer: SFWMD
Project: BLOOM-RESP
Division:
District: Not Applicable
Event Description: SFWMD Bloom Response--As Needed

Send Coolers To:

Phone: 561-753-2400 ext. 4762
SFWMD
8894 Belvedere Rd. B374
West Palm Beach, FL 33411
Attn: Mike Tompkins
Cooler Ship EMail: mtompkin@sfwmd.gov

Priority: 1
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 21-MAY-2021
Biology Request Reviewed By: SWANSON_C On: 21-MAY-2021
Sampling Kit Required: YES Ship on: 28-MAY-2021
Sampling Kit Shipped: YES On: 25-MAY-2021
Sampling Kit Packed By: MCCOY_I
Preservatives Needed: NO
Date to Receive Samples: 24-MAY-2021
Logged In By: SHAIK_A On: 15-JUN-2021

Send Final Report To:

SFWMD
8894 Belvedere Rd. B374
West Palm Beach, FL 33411
Attn: Michael Tompkins
Report Notification EMail:
mtompkin@sfwmd.gov;evan.a.martin@floridadep.gov

Comments: ATTN Packing Staff:

Please pack in 2 coolers.

Bottle Groups A/B: same event - Priority 1

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 10 Samples:

Bottle Type: PT-50ML Number of Bottles: 10 Preserved With: ICE
BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Bottle Group B (Water) With 10 Samples:

Bottle Type: BG-250ML-WDMTH Number of Bottles: 10 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.

