

RQ-2021-05-31-59

Login Checklist

Login Station ID: #2

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 6/25/2021 9:00

*Cooler Temperature	Samples Frozen?	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Waybill Tracking #	
		YES	HNO ₃		Formalin	Present?		*Intact?		
						Yes	No	Yes		No
1.4				2					9293 8013 8370	

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 ☒ 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: IM

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: IM

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

Yes ☐ No ☐ NA ☒ Init: IM

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

Coolers Unpacked/Checked by: IM

Date: 6/25/2021

Event contains NCRs (Y/N)? ☒

Event ID: SFWMD Bloom Response--As Needed
 SFWMD-2021-06-25-02 (BLOOM-RESP)
 Date Received: 25-JUN-2021 09:00

Login Checklist

Login Preservation Equipment

Lot # & Exp: Date

Additional Comments:

Infrared Thermometer ID:	IR TEMP GUN #2 exp:10/28/21
pH Test Strips 0 – 6	
pH Paper 0 – 3	
pH Paper 0 – 13	219019 exp: 7/1/22
Chlorine Test Strips	0129 exp: 03/2023

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: SFWMD

Requester: Cheryl A. Swanson

Field Report Prepared By: S. Felvey

Project ID: BLOOM-RESP

Collected By: A. Houston

Sampling Agency: SFWMD

Location Timer Powers Park Indian town, FL		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 6/24/21 Time 0827		☒ Eastern ☐ Central		Composite end Date Time		Bottle Group(s) (See pg 2)	
Field ID		Matrix (type, e.g., Salt, Fresh, etc) Fresh		Diss. Oxygen		☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		A, B	
WIN/STORET #		Temp (C)		pH		Sample Depth 0.3		☐ ft ☒ m			
Latitude 27.018°N		☒ dd ☐ dms		Longitude 80.443°W		☒ dd ☐ dms		Salinity (ppt)		Comments Possible BGA floating on H2O surface + in H2O column	
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: IM	Date/Time 6/25/21 9:00
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Group: A	Bottle Type:	PT-50ML	# of Bottles: 10	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
BLOOM-ID						
Group: B	Bottle Type:	BG-250ML-WDMT H	# of Bottles: 10	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
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: REYNOLDS_T
Preservatives Needed: NO
Date to Receive Samples: 07-JUN-2021
Logged In By: MCCOY_I On: 25-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.