Login Checklist

RQ- 2021 - 05 - 31 - 59 Login Station ID: # 3

Shipping Method: FedEx | UPS | HD | Greyhound Date/Time of Receipt: 07-27-2021 / 08:00

*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	
2.9Cc				2		X			7740 8675 2150

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-")*

**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_____ NA X Init: ABS /

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

Coolers Unpacked/Checked by: ABS / **Date:** 07-27-2021 **Event contains NCRs (Y/N)?** n

Event ID: SFWMD - 2021 - 07 - 27 - 0 4

Login Checklist

Login Preservation Equipment	Lot # & Exp: Date
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

Additional Comments:

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: _____

RCVD 26 JUL 16:19 SFWMD

Request Number: RQ-2021-05-31-59

SFWMD Bloom Response--As Needed

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: SFWMD

Project ID: BLOOM-RESP

Requester: Cheryl A. Swanson

Collected By: Blayke Polselli

Field Report Prepared By: Blayke Polselli

Sampling Agency: WOOD

Location: Lake Okeechobee / Pahokee Ramp	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 07/26/21 Time 0955 (Eastern) / Central	Composite end Date Time	Bottle Group(s) (See pg 2): A, B
Field ID:	Matrix (type, e.g., Salt, Fresh, etc): Fresh	Diss. Oxygen: 5.12 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L):	
WIN/STORET #:	Temp (C): 31.26	pH: 7.62	Sample Depth: 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm): 412.3
Latitude: 26.825253 ☒ dd ☐ dms	Longitude: -80.667858 ☒ 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	

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:	Date/Time
BP	07/26/21	FEDEX	1	ABB	7/27/21 / 800

Blayke Polselli

Group: A	Bottle Type: BLOOM-ID	PT-50ML	# of Bottles:	10	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
Group: B	Bottle Type: W-MCYST-AA	BG-250ML-WDMTH	# of Bottles:	10	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1

Group: A	Bottle Type: BLOOM-ID	PT-50ML	# of Bottles:	10	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	
Group: B	Bottle Type: W-MCYST-AA	BG-250ML-WDMTH	# of Bottles:	10	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	

RQ-2021-05-31-59

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:	SHAIK_A On: 27-JUL-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 appropraite 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.