

Login Checklist

RQ- **2021 - 07 - 18 - 52**Login Station ID: **# 3**

ABS

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: **08-31-2021 / 09:50**

*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	
1.7c				2		X			9293 8015 5627

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 **X** 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: **08-31-2021** Event contains NCRs (Y/N)? **n**

Event ID:

SFWMD - 2021 - 08 - 31 - 03

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-2021-07-19-52

Florida Department of Environmental Protection

Page 1 of 2

SFWMD Bloom Response (West Palm Beach)

Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: SFWMD

Requester: Amelia G. Rankin

Field Report Prepared By: Sam Eriksen

Project ID: BLOOM-RESP

Collected By: Kevin Johnson

Sampling Agency: SFWMD

Location Kissimmee River		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 08/30/2021 Time 0802		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2) A B	
Field ID S65 Downstream		Matrix (type, e.g., Salt, Fresh, etc) Fresh		Diss. Oxygen _____		☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L) _____			
WIN/STORET #		Temp (C) _____		pH _____		Sample Depth 0.3		☐ ft ☒ m		Sp. Conductance (umho/cm) _____	
Latitude 27.803°N		☒ dd ☐ dms		Longitude 81.197°W		☒ dd ☐ dms		Salinity (ppt) _____		Comments NO visible BGA	

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: ABP	Date/Time 8.31.21 18.50
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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: 15-JUL-2021
Created By: RANKIN_A On: 15-JUL-2021
Modified By: JASROTIA_P On: 16-JUL-2021
Customer: SFWMD
Project: BLOOM-RESP
Division:
District: Not Applicable
Event Description: SFWMD Bloom Response

Send Coolers To:

Phone: 863-462-5280 ext. 3199
SFWMD
1000 NE 40th Ave.
Okeechobee, FL 34972
Attn: James Doak
Cooler Ship EMail: jdoak@sfwmd.gov

Priority: 1
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 16-JUL-2021
Biology Request Reviewed By: JASROTIA_P On: 16-JUL-2021
Sampling Kit Required: YES Ship on: 23-JUL-2021
Sampling Kit Shipped: YES On: 22-JUL-2021
Sampling Kit Packed By: SHAIK_A
Preservatives Needed: NO
Date to Receive Samples: 19-JUL-2021
Logged In By: SHAIK_A On: 31-AUG-2021

Send Final Report To:

SFWMD
8894 Belvedere Rd. B374
West Palm Beach, FL 33411
Attn: Mickael Tompkins
Report Notification EMail:
mtompkin@sfwmd.gov; Kirby.Wolfe@FloridaDEP.gov; Jordan.Skagggs@FloridaDEP.gov

Comments: Please pack in 10 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 20 Samples:

Bottle Type: PT-50ML Number of Bottles: 20 Preserved With: ICE
BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Bottle Group B (Water) With 20 Samples:

Bottle Type: BG-250ML-WDMTH Number of Bottles: 20 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.