

# Login Checklist

RQ- 2021-04-26-26

Login Station ID: #5

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 6/ 11 /21 @ 9:30

| *Cooler Temperature | Samples Frozen? | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Waybill Tracking # |
|---------------------|-----------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|--------------------|
|                     |                 |                                        |          |                                       | Present?      |    | *Intact? |    |                    |
|                     | YES             | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                    |
| 1.0                 |                 |                                        |          | 2                                     |               | ✓  |          |    | 9293 8012 3389     |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |

## 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: 1/1/1

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: 1/1/1

\*\*W-1-4-DIOX (Green dot on container) preserved to pH<4.0? Yes \_\_\_\_\_ No \_\_\_\_\_ NA ☒ Init: 1/1/1

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

Coolers Unpacked/Checked by: 1/1/1 Date: 6/ 11 /21 Event contains NCRs (Y/N)? N

Event ID: Lake Terrace - City of Orlando  
CEN-DIST-2021-06-11-01 (SMP)

—Date Received: 11-JUN-2021 09:30

## Login Checklist

### Login Preservation Equipment

### Lot # & Exp: Date

### Additional Comments:

|                          |                             |
|--------------------------|-----------------------------|
| Infrared Thermometer ID: | IR TEMP GUN #5 EXP:10-28-21 |
| pH Test Strips 0 – 6     | Lot#210620 EXP:4-15-23      |
| pH Paper 0 – 3           |                             |
| pH Paper 0 – 13          | Lot#210620 EXP:4-15-23      |
| Chlorine Test Strips     | Lot#0261 EXP:5-23           |

### 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: \_\_\_\_\_

Lake Terrace - City of Orlando

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: CEN-DIST

Requester: Leif Boman

Field Report Prepared By: *John Masters*

Project ID: SMP

Collected By: *City of Orlando*Sampling Agency: *City of Orlando*

|                                              |                                                             |                                                                           |                                                                         |                              |                                                                      |                                           |  |                                                |
|----------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------|-------------------------------------------|--|------------------------------------------------|
| Location<br><i>Lake Terrace SW of Center</i> |                                                             | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>6/10/21</i> Time <i>1006</i> |                              | Eastern<br>Central                                                   | Composite end<br>Date _____ Time _____    |  | Bottle<br>Group(s)<br>(See pg 2)<br><i>A B</i> |
| Field ID<br><i>GYCEO215</i>                  |                                                             | Matrix (type, e.g., Salt, Fresh, etc)<br><i>Fresh</i>                     |                                                                         | Diss. Oxygen<br><i>8.79</i>  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      | Total Res. Chlorine<br>(mg/L) <i>290</i>  |  |                                                |
| WIN/STORET #                                 |                                                             | Temp<br>(C) <i>29.77</i>                                                  | pH<br><i>8.33</i>                                                       | Sample<br>Depth <i>0.360</i> | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m | Sp. Conductance<br>(umho/cm) <i>224.7</i> |  |                                                |
| Latitude<br><i>28.520806</i>                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><i>-81.346389</i>                                            | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity<br>(ppt) <i>N/A</i> | Comments                                                             |                                           |  |                                                |
| Location                                     |                                                             | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                |                              | Eastern<br>Central                                                   | Composite end<br>Date _____ Time _____    |  | Bottle<br>Group(s)                             |
| Field ID                                     |                                                             | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen                 | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      | Total Res. Chlorine<br>(mg/L)             |  |                                                |
| WIN/STORET #                                 |                                                             | Temp<br>(C)                                                               | pH                                                                      | Sample<br>Depth              | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)              |  |                                                |
| Latitude                                     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity<br>(ppt)            | Comments                                                             |                                           |  |                                                |
| Location                                     |                                                             | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                |                              | Eastern<br>Central                                                   | Composite end<br>Date _____ Time _____    |  | Bottle<br>Group(s)                             |
| Field ID                                     |                                                             | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen                 | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      | Total Res. Chlorine<br>(mg/L)             |  |                                                |
| WIN/STORET #                                 |                                                             | Temp<br>(C)                                                               | pH                                                                      | Sample<br>Depth              | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)              |  |                                                |
| Latitude                                     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity<br>(ppt)            | Comments                                                             |                                           |  |                                                |
| Location                                     |                                                             | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                |                              | Eastern<br>Central                                                   | Composite end<br>Date _____ Time _____    |  | Bottle<br>Group(s)                             |
| Field ID                                     |                                                             | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen                 | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      | Total Res. Chlorine<br>(mg/L)             |  |                                                |
| WIN/STORET #                                 |                                                             | Temp<br>(C)                                                               | pH                                                                      | Sample<br>Depth              | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)              |  |                                                |
| Latitude                                     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity<br>(ppt)            | Comments                                                             |                                           |  |                                                |

|                                   |                                   |                             |                                        |                           |                                  |
|-----------------------------------|-----------------------------------|-----------------------------|----------------------------------------|---------------------------|----------------------------------|
| Relinquished By:<br><i>EBates</i> | Date/Time<br><i>6/10/21 16:00</i> | Shipping Method<br><i>1</i> | Number of Coolers Shipped:<br><i>1</i> | Received By:<br><i>kh</i> | Date/Time<br><i>6-11-21 0930</i> |
|-----------------------------------|-----------------------------------|-----------------------------|----------------------------------------|---------------------------|----------------------------------|

|          |              |       |                 |               |        |                                     |   |
|----------|--------------|-------|-----------------|---------------|--------|-------------------------------------|---|
| Group: A | Bottle Type: | BP-1L | # of Bottles: 1 | Preservative: | ICE    | Enter Number of Bottles Sent to Lab | 1 |
|          | CHLSUITE-W   |       |                 |               |        |                                     |   |
| Group: B | Bottle Type: | BP-1L | # of Bottles: 1 | Preservative: | Lugols | Enter Number of Bottles Sent to Lab | 1 |
|          | DTY-QN-C     |       |                 |               |        |                                     |   |
|          | PKD-QN-BV    |       |                 |               |        |                                     |   |

Date of Request: 02-APR-2021  
Created By: BOMAN\_L On: 02-APR-2021  
Modified By: JASROTIA\_P On: 07-APR-2021  
Customer: CEN-DIST  
Project: SMP  
Division:  
District: Central District  
Event Description: Lake Terrace - City of Orlando

**Send Coolers To:**

Phone: 407-897-4178  
FL Dept. of Environmental Protection  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767  
Attn: Leif Boman  
Cooler Ship EMail: Leif.Boman@FloridaDEP.gov

Priority: 3  
Event Status: S  
Criminal Investigation: NO  
Chemistry Request Reviewed By:  
Biology Request Reviewed By: JASROTIA\_P On: 07-APR-2021  
Sampling Kit Required: YES Ship on: 16-APR-2021  
Sampling Kit Shipped: YES On: 13-APR-2021  
Sampling Kit Packed By: MCCOY\_I  
Preservatives Needed: NO  
Date to Receive Samples: 26-APR-2021  
Logged In By:

**Send Final Report To:**

FL Dept. of Environmental Protection  
3319 Maguire Blvd., Suite 232  
Orlando, FL 32803-3767  
Attn: Kalina Warren  
Report Notification EMail: Leif.Boman@FloridaDEP.gov

Comments: Receiving, log algae samples in under separate Event, Priority 12

**Bottle Group A (Water) With 1 Samples:**

Bottle Type: BP-1L      Number of Bottles: 1      Preserved With: ICE  
CHLSUITE-W      Template: DEFAULT      (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry

**Bottle Group B (Water) With 1 Samples:**

Bottle Type: BP-1L      Number of Bottles: 1      Preserved With: Lugols  
DTY-QN-C      Template: DEFAULT      (SOP-AB05\_1) No. of diatom taxa of quantitative phytoplankton sample.  
PKD-QN-BV      Template: DEFAULT      (SOP-AB05) No. of wet taxa of quantitative phytoplankton sample w/speciation and cell counts.

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