

# Login Checklist

RQ-2021- 06-07-58

Login Station ID: #4

Shipping Method: FedEx UPS | HD | Greyhound

Date/Time of Receipt: 06/24/2021 @ 9:05

| *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 |                    |
| 1.2°                |                 |                                        |          | 5                                     |               | X  |          |    | 9293 8013 8565     |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |

## COOLER CHECK

\*All samples received on ice unless otherwise noted. HNO<sub>3</sub> 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 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 ✓ 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 X Init: Tyler M

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: Tyler M

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

Yes \_\_\_\_\_ No \_\_\_\_\_ NA X Init: Tyler M

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

Coolers Unpacked/Checked by: Tyler Mynolds

Date: 06/24/21

Event contains NCRs (Y/N)? None

Event ID: Algal Bloom Response - SE ROC  
WQAP-2021-06-24-01 (BLOOM-RESP)

— Date Received: 24-JUN-2021 09:05

## Login Checklist

### Login Preservation Equipment

### Lot # & Exp: Date

### Additional Comments:

|                          |                            |
|--------------------------|----------------------------|
| Infrared Thermometer ID: | #4 Temp Gun EXP:10/28/2021 |
| pH Test Strips 0 – 6     | N/A                        |
| pH Paper 0 – 3           | N/A                        |
| pH Paper 0 – 13          | 210620 EXP:04/15/2023      |
| Chlorine Test Strips     | 0261 EXP:05/2023           |

### 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**

Algal Bloom Response - SE ROC

Customer: WQAP

Requester: Jordan Skaggs

Field Report Prepared By: Andrew Luering

Project ID: BLOOM-RESP

Collected By: Andrew Luering / Sabrina FischerSampling Agency: SE ROC

|                                                                         |                                                                          |                                                                           |                                                                          |                             |                                                                                 |                                              |  |                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------|----------------------------------------------|--|----------------------------------------------|
| Location<br><u>Lake Melva</u>                                           |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>06/23/21</u> Time <u>1045</u> |                             | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____       |  | Bottle Group(s)<br>(See pg 2)<br><u>A, B</u> |
| Field ID<br><u>SEHAB0056</u>                                            |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                          | Diss. Oxygen<br><u>5.91</u> | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      | Total Res. Chlorine<br>(mg/L)                |  |                                              |
| WIN/STORET #                                                            |                                                                          | Temp (C)<br><u>30.2</u>                                                   | pH<br><u>7.57</u>                                                        | Sample Depth<br><u>0.3</u>  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)<br><u>356.4</u> |  |                                              |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)<br><u>0.17</u>                                             | Comments                                                                 |                             |                                                                                 |                                              |  |                                              |

|                                                                         |                                                                          |                                                                |                                                          |              |                                                                      |                                        |  |                 |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|--------------|----------------------------------------------------------------------|----------------------------------------|--|-----------------|
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date _____ Time _____ |              | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____ |  | Bottle 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 (C)                                                       | pH                                                       | Sample Depth | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)           |  |                 |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                                                 | Comments                                                 |              |                                                                      |                                        |  |                 |

|                                                                         |                                                                          |                                                                |                                                          |              |                                                                      |                                        |  |                 |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|--------------|----------------------------------------------------------------------|----------------------------------------|--|-----------------|
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date _____ Time _____ |              | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____ |  | Bottle 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 (C)                                                       | pH                                                       | Sample Depth | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)           |  |                 |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                                                 | Comments                                                 |              |                                                                      |                                        |  |                 |

|                                                                         |                                                                          |                                                                |                                                          |              |                                                                      |                                        |  |                 |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|--------------|----------------------------------------------------------------------|----------------------------------------|--|-----------------|
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date _____ Time _____ |              | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____ |  | Bottle 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 (C)                                                       | pH                                                       | Sample Depth | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)           |  |                 |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                                                 | Comments                                                 |              |                                                                      |                                        |  |                 |

|                                                                         |                                                                          |                                                                |                                                          |              |                                                                      |                                        |  |                 |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|--------------|----------------------------------------------------------------------|----------------------------------------|--|-----------------|
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date _____ Time _____ |              | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____ |  | Bottle 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 (C)                                                       | pH                                                       | Sample Depth | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)           |  |                 |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                                                 | Comments                                                 |              |                                                                      |                                        |  |                 |

|                                           |                                    |                                  |                                        |                                       |                                     |
|-------------------------------------------|------------------------------------|----------------------------------|----------------------------------------|---------------------------------------|-------------------------------------|
| Relinquished By:<br><u>Andrew Luering</u> | Date/Time<br><u>6/23/21 / 1700</u> | Shipping Method<br><u>Fed Ex</u> | Number of Coolers Shipped:<br><u>1</u> | Received By:<br><u>Tyler Reynolds</u> | Date/Time<br><u>06/24/21 @ 9:05</u> |
|-------------------------------------------|------------------------------------|----------------------------------|----------------------------------------|---------------------------------------|-------------------------------------|

|            |              |                    |                  |               |               |                                     |   |
|------------|--------------|--------------------|------------------|---------------|---------------|-------------------------------------|---|
| Group: A   | Bottle Type: | PT-50ML            | # of Bottles: 10 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1 |
| BLOOM-ID   |              |                    |                  |               |               |                                     |   |
| Group: B   | Bottle Type: | BP-1L              | # of Bottles: 10 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1 |
| CHLSUITE-W |              |                    |                  |               |               |                                     |   |
| Group: B   | Bottle Type: | BG-250ML-WDMT<br>H | # of Bottles: 10 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1 |
| W-MCYST-AA |              |                    |                  |               |               |                                     |   |
| Group: B   | Bottle Type: | P-500ML            | # of Bottles: 10 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab | 1 |
| W-NH3      |              |                    |                  |               |               |                                     |   |
| W-NO2NO3   |              |                    |                  |               |               |                                     |   |
| W-S-A-TP   |              |                    |                  |               |               |                                     |   |
| W-TKN      |              |                    |                  |               |               |                                     |   |
| Group: B   | Bottle Type: | P-125ML            | # of Bottles: 10 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab | 1 |
| W-PO4-F    |              |                    |                  |               |               |                                     |   |

Date of Request: 20-MAY-2021  
 Created By: SKAGGS\_J On: 20-MAY-2021  
 Modified By: JASROTIA\_P On: 25-MAY-2021  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division: Division of Environmental Assessment and Restoration  
 District: SE ROC  
 Event Description: Algal Bloom Response - SE ROC

**Send Coolers To:**

Phone: 772-448-5884  
 2199 South Rock Road  
  
 Fort Pierce, FL 34945  
 Attn: Jordan Skaggs  
 Cooler Ship EMail: jordan.skaggs@floridadep.gov

Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 25-MAY-2021  
 Biology Request Reviewed By: JASROTIA\_P On: 25-MAY-2021  
 Sampling Kit Required: YES Ship on: 28-MAY-2021  
 Sampling Kit Shipped: YES On: 26-MAY-2021  
 Sampling Kit Packed By: MCCOY\_I  
 Preservatives Needed: NO  
 Date to Receive Samples: 08-JUN-2021  
 Logged In By: REYNOLDS\_T On: 24-JUN-2021

**Send Final Report To:**

2199 South Rock Road  
  
 Fort Pierce, FL 34945  
 Attn: Jordan Skaggs  
 Report Notification EMail:  
 jordan.skaggs@floridadep.gov;drew.liddick@floridadep.gov;andrew.luering@floridadep.gov

Comments: \*\*Please send:  
 - 4 full-size coolers

Unless peak algal bloom season, may analyze toxin after consultation with Biology's Taxonomy Manager

Bottle Group A - Priority 1  
 -For algal dominant taxon

Bottle Group B - Priority 1  
 For toxins, nutrients, chlorophyll

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: BP-1L Number of Bottles: 10 Preserved With: ICE  
 CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry

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

Bottle Type: P-500ML Number of Bottles: 10 Preserved With: ICE And H2SO4  
 W-NH3 Template: DEFAULT (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L  
 W-NO2NO3 Template: DEFAULT (EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg P/L  
 W-S-A-TP Template: DEFAULT (EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L  
 W-TKN Template: DEFAULT (EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices

Bottle Type: P-125ML Number of Bottles: 10 Preserved With: FILTER-ICE  
 W-PO4-F Template: DEFAULT (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

