Login Checklist

RQ- 2024-01-29-22 **Login Station ID**: _____

Shipping Method: FedEx | UPS | HD | Greyhound Date/Time of Receipt: 2/7/2024 14:30

*Cooler Temperature	Samples Frozen?	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Waybill Tracking #
					Present?		*Intact?		
	YES	HNO_3	Formalin		Yes	No	Yes	No	

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 X

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes X No _____

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 _____Init:_____

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: _____

**W-1-4-DIOX *(Green dot on container)* preserved to pH<4.0? Yes_____No_____ NA _____ Init: _____

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

Coolers Unpacked/Checked by: _____ **Date**:_____ **Event contains NCRs (Y/N)?** _____

Event ID: SO-DIST-2024-02-22-01

Login Checklist

Login Preservation Equipment	Lot # & Exp: Date
Infrared Thermometer ID:	
pH Test Strips 0 – 6	
pH Paper 0 – 3	
pH Paper 0 – 13	
Chlorine Test Strips	

Additional Comments:

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: _____

Sanders Laboratories
Environmental Testing Services

CHAIN OF CUSTODY RECORD

Project # (Lab Use Only): 2402127

Client: Florida Dept. of Environmental Protection
Address: 2600 Blairstone Rd. Tallahassee, FL 32399
Phone: 239-344-5718
Fax:

Report To: DEP-OverflowMicro@dep.state.fl.us
Bill to: Carina Tull
P.O. # LAB #~~C0136A~~ C2152B

Preservative: HCL = H, HNO_3= N, $Na_2S_2O_3$ = ST
H_2SO_4 = S, NaOH = SH, NH_4Cl = NH

Project Name: SMP
Project Location: Barron River
Customer Type: FDEP - South ROC
Kit #:
Requested Due Date:

Sampled By (PRINT): Samantha Gelinas
Sampler Signature:

Matrix	Sample Description	Sample Date	Sample Time	Sample Type	Preservatives pH	Preservatives Ice	Preservatives S	Analysis Requested E. coli (Quantitray)	Analysis Requested Enterococci	Analysis Requested Fecal Coliform	Sample ID # (Lab Use Only)
F	GISD0125	2/5/24	1125	Grab		X			X	X	1A/B
									A	B	

Bottle Lot #:			Relinquished By/Affiliation	Date	Time	Accepted By/Affiliation	Date	Time
Client	Samples are ambient water	Okay to Run As Is...	Monica Jaeger	2/5/24	1545	MA	2/5/24	1545
Cont		Client Initial: MJ						
	RQ-~~2023~~ 2024-01-29-22							
		Samples On Ice (Yes) No						
	3.4°C							

1050 Endeavor Ct, Nokomis, FL 34275-3623 (941) 488-8103 fax(941) 484-6774
10090 Bavaria Rd., Fort Myers, FL 33913 (239) 590-0337 fax (239) 590-0536

RQ-2024-01-29-22

Date of Request: 20-DEC-2023
Created By: REISTAD_N On: 20-DEC-2023
Modified By: JASROTIA_P On: 08-JAN-2024
Customer: SO-DIST
Project: SMP
Division: Division of Environmental Assessment and Restoration
District: South District
Event Description: 2024 SMP: SO CO OH NO

Send Coolers To:

Phone: 239-344-5718
FLDEP South District Office
2295 Victoria Ave. Suite 314
Fort Myers, FL 33901-3381
Attn: Nicole Reistad
Cooler Ship EMail: Nicole.Reistad@FloridaDEP.gov

Priority: 3
Event Status: S
Criminal Investigation: NO
Chemistry Request Reviewed By:
Biology Request Reviewed By: JASROTIA_P On: 08-JAN-2024
Sampling Kit Required: YES Ship on: 19-JAN-2024
Sampling Kit Shipped: YES On: 16-JAN-2024
Sampling Kit Packed By: PENDLETO_C
Preservatives Needed: NO
Date to Receive Samples: 31-JAN-2024
Logged In By:

Send Final Report To:

FLDEP South District Office
2295 Victoria Ave. Suite 314
Fort Myers, FL 33901-3381
Attn: Nicole Reistad
Report Notification EMail:
Nicole.Reistad@FloridaDEP.gov;Monica.Jaeger@FloridaDEP.gov;Samantha.Gelinas@FloridaDEP.gov;Emily.Atkinson@FloridaDEP.gov

Comments: Group A: Entero, Fecal x3

Bottle Group A (Water) With 3 Samples:

Bottle Type: P-250ML-WI-THI Number of Bottles: 6 Preserved With: ICE

SD-SND-ENQ Template: DEFAULT (Enterolert/QT) Enterococci by Enterolert/QT by Sanders in Fort Myers
ENTEROCOCCI-ENTEROLERT

SD-SND-FC Template: DEFAULT (SM 9222 D) Fecal coliforms by MF by Sanders in Fort Myers
Fecal Coliforms-Membrane Filter