

# Log-in Checklist

RQ- **2019 - 06 - 03 - 42**

Login Station ID: **# 3**

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: **06-20-2019 / 13:00**

| Cooler Temperature* | Samples Frozen | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |          |          |    | Tracking #<br>Damaged waybills only |
|---------------------|----------------|----------------------------------------|----------|---------------------------------------|---------------|----------|----------|----|-------------------------------------|
|                     |                | HNO <sub>3</sub>                       | Formalin |                                       | Present?      |          | *Intact? |    |                                     |
| YES                 |                |                                        |          |                                       | Yes           | No       | Yes      | No |                                     |
| <b>2.7C</b>         |                |                                        |          | <b>6</b>                              |               | <b>X</b> |          |    | <b>4751 8780 2568</b>               |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |

\* HNO<sub>3</sub> and Formalin persevered samples do **NOT** have a temperature requirement. For all others, if the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX and microbiology), or if Evidence Seal is damaged. Identify the containers in the affected cooler(s) on back of this form. DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C) without login confirmation from customer for samples requiring ice preservation. An NCR still is required.

\*\*Chain of Custody/ Field Sheet(s) Included? Yes X No \_\_\_\_\_

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

\*\*Note: If "No" is checked below, fill out the back of this form (Field ID, Test IDs, etc.) and generate an NCR.

## CONTAINER CHECK

\*\*Evidence Tape on Bottles? Yes \_\_\_\_\_ No X If yes, is it intact? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*Caps on tight? Yes X No \_\_\_\_\_ \*\*Containers intact? Yes X No \_\_\_\_\_

\*\*Sufficient Sample Volume: Yes X No \_\_\_\_\_

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 "YES", list affected Field IDs and Test IDs below.

| Field ID | List TestID(s) where Chlorine was Detected, an NCR is required. |
|----------|-----------------------------------------------------------------|
|          |                                                                 |
|          |                                                                 |
|          |                                                                 |
|          |                                                                 |

## 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 X NA \_\_\_\_\_ Init: ABS

Coolers Unpacked/Checked by: ABS Date: 06-20-2019 NCRs (Y/N)? NA

Event ID: WQAP - 2019 - 06 - 20 - 04 NCR # \_\_\_\_\_

# Log-in Checklist

## Samples with Incorrect pH Preservation

| Field ID | Bottle Test ID(s) | pH | Action Taken |
|----------|-------------------|----|--------------|
|          |                   |    |              |
|          |                   |    |              |
|          |                   |    |              |

## Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

| Cooler ID | Field ID | Bottle Test ID(s) |
|-----------|----------|-------------------|
|           |          |                   |
|           |          |                   |
|           |          |                   |

## Bottles Not Intact

| Field ID | Bottle Test ID(s) | Loose Cap | Damaged Cap |    | Damaged Container |    | Evidence Tape Not Intact |
|----------|-------------------|-----------|-------------|----|-------------------|----|--------------------------|
|          |                   |           | CK          | BR | CK                | BR |                          |
|          |                   |           |             |    |                   |    |                          |
|          |                   |           |             |    |                   |    |                          |
|          |                   |           |             |    |                   |    |                          |

## Samples with Insufficient Volume for Analyses

| Field ID | Bottle Test ID(s) | Action Taken |
|----------|-------------------|--------------|
|          |                   |              |
|          |                   |              |
|          |                   |              |

|                            |                            |
|----------------------------|----------------------------|
| Infrared Thermometer ID:   | REC 03 2018 EXP:04/29/2020 |
| pH Test Strips 0 – 6 Lot # | 213316AV EXP:05/15/2020    |
| pH Paper 0 – 3 Lot #       | 220416A EXP:07/30/2020     |
| pH Paper 0 – 13 Lot #      | 215517 exp:jun 1 2020      |
| Chlorine Test Strips Lot # | 8212 2021 / 05             |

## Additional Comments:

## ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes \_\_\_\_\_ No **X**

Date and time placed in freezer \_\_\_\_\_

Were all samples placed in freezer within 48 hours of collection? Yes \_\_\_\_\_ If No \_\_\_\_\_

no, were samples shipped on dry ice? Yes \_\_\_\_\_ No \_\_\_\_\_

## 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

Customer: WQAP

Requester: Matthew Bearden

Field Report Prepared By: Francisco Faria

Project ID: BLOOM-RESP

Collected By: Francisco Faria

Sampling Agency: South West ROC

|                                                                   |  |                                                                        |  |                                           |  |                                                                                    |  |                                 |  |
|-------------------------------------------------------------------|--|------------------------------------------------------------------------|--|-------------------------------------------|--|------------------------------------------------------------------------------------|--|---------------------------------|--|
| Site Name: Manatee River - Near Ellenton                          |  | <input type="checkbox"/> Comp <input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)           |  | <input checked="" type="checkbox"/> Eastern <input type="checkbox"/> Composite end |  | Bottle Group(s)                 |  |
| Date: 06/19/2019                                                  |  | Date 06/19/19                                                          |  | Time 1045                                 |  | Date                                                                               |  | Time                            |  |
| Matrix (type, e.g., Salt, Fresh, etc)                             |  | Diss. Oxygen 10.70                                                     |  | <input checked="" type="checkbox"/> mg/L  |  | Total Res. Chlorine                                                                |  | (mg/L)                          |  |
| Salt                                                              |  | 149.9%                                                                 |  | <input checked="" type="checkbox"/> % sat |  |                                                                                    |  |                                 |  |
| Temp (C) 28.9                                                     |  | pH 8.56                                                                |  | Sample Depth 0.3                          |  | <input type="checkbox"/> ft <input checked="" type="checkbox"/> m                  |  | Sp. Conductance (umho/cm) 24247 |  |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms     |  | Salinity (ppt) 14.65                      |  | Comments                                                                           |  |                                 |  |
| Location                                                          |  | <input type="checkbox"/> Comp <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)           |  | <input type="checkbox"/> Eastern <input type="checkbox"/> Composite end            |  | Bottle Group(s)                 |  |
| Field ID                                                          |  | Date                                                                   |  | Time                                      |  | Date                                                                               |  | Time                            |  |
| Matrix (type, e.g., Salt, Fresh, etc)                             |  | Diss. Oxygen                                                           |  | <input type="checkbox"/> mg/L             |  | Total Res. Chlorine                                                                |  | (mg/L)                          |  |
|                                                                   |  |                                                                        |  | <input type="checkbox"/> % sat            |  |                                                                                    |  |                                 |  |
| Temp (C)                                                          |  | pH                                                                     |  | Sample Depth                              |  | <input type="checkbox"/> ft <input type="checkbox"/> m                             |  | Sp. Conductance (umho/cm)       |  |
| WIN/STORET #                                                      |  | Comments                                                               |  |                                           |  |                                                                                    |  |                                 |  |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms     |  | Salinity (ppt)                            |  |                                                                                    |  |                                 |  |
| Location                                                          |  | <input type="checkbox"/> Comp <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)           |  | <input type="checkbox"/> Eastern <input type="checkbox"/> Composite end            |  | Bottle Group(s)                 |  |
| Field ID                                                          |  | Date                                                                   |  | Time                                      |  | Date                                                                               |  | Time                            |  |
| Matrix (type, e.g., Salt, Fresh, etc)                             |  | Diss. Oxygen                                                           |  | <input type="checkbox"/> mg/L             |  | Total Res. Chlorine                                                                |  | (mg/L)                          |  |
|                                                                   |  |                                                                        |  | <input type="checkbox"/> % sat            |  |                                                                                    |  |                                 |  |
| Temp (C)                                                          |  | pH                                                                     |  | Sample Depth                              |  | <input type="checkbox"/> ft <input type="checkbox"/> m                             |  | Sp. Conductance (umho/cm)       |  |
| WIN/STORET #                                                      |  | Comments                                                               |  |                                           |  |                                                                                    |  |                                 |  |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms     |  | Salinity (ppt)                            |  |                                                                                    |  |                                 |  |
| Location                                                          |  | <input type="checkbox"/> Comp <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)           |  | <input type="checkbox"/> Eastern <input type="checkbox"/> Composite end            |  | Bottle Group(s)                 |  |
| Field ID                                                          |  | Date                                                                   |  | Time                                      |  | Date                                                                               |  | Time                            |  |
| Matrix (type, e.g., Salt, Fresh, etc)                             |  | Diss. Oxygen                                                           |  | <input type="checkbox"/> mg/L             |  | Total Res. Chlorine                                                                |  | (mg/L)                          |  |
|                                                                   |  |                                                                        |  | <input type="checkbox"/> % sat            |  |                                                                                    |  |                                 |  |
| Temp (C)                                                          |  | pH                                                                     |  | Sample Depth                              |  | <input type="checkbox"/> ft <input type="checkbox"/> m                             |  | Sp. Conductance (umho/cm)       |  |
| WIN/STORET #                                                      |  | Comments                                                               |  |                                           |  |                                                                                    |  |                                 |  |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms     |  | Salinity (ppt)                            |  |                                                                                    |  |                                 |  |
| Location                                                          |  | <input type="checkbox"/> Comp <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)           |  | <input type="checkbox"/> Eastern <input type="checkbox"/> Composite end            |  | Bottle Group(s)                 |  |
| Field ID                                                          |  | Date                                                                   |  | Time                                      |  | Date                                                                               |  | Time                            |  |
| Matrix (type, e.g., Salt, Fresh, etc)                             |  | Diss. Oxygen                                                           |  | <input type="checkbox"/> mg/L             |  | Total Res. Chlorine                                                                |  | (mg/L)                          |  |
|                                                                   |  |                                                                        |  | <input type="checkbox"/> % sat            |  |                                                                                    |  |                                 |  |
| Temp (C)                                                          |  | pH                                                                     |  | Sample Depth                              |  | <input type="checkbox"/> ft <input type="checkbox"/> m                             |  | Sp. Conductance (umho/cm)       |  |
| WIN/STORET #                                                      |  | Comments                                                               |  |                                           |  |                                                                                    |  |                                 |  |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms     |  | Salinity (ppt)                            |  |                                                                                    |  |                                 |  |

|                  |               |                 |                            |              |              |
|------------------|---------------|-----------------|----------------------------|--------------|--------------|
| Relinquished By: | Date/Time     | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time    |
| F. Faria         | 06/19/19 1400 | Fedex           | 1                          |              | 6-20-19 1130 |

|            |              |                    |                 |               |               |                                     |  |
|------------|--------------|--------------------|-----------------|---------------|---------------|-------------------------------------|--|
| Group: A   | Bottle Type: | PT-50ML            | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |  |
| BLOOM-ID   |              |                    |                 |               |               |                                     |  |
| Group: B   | Bottle Type: | BG-250ML-WDMT<br>H | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |  |
| W-MCYST-AA |              |                    |                 |               |               |                                     |  |
| Group: C   | Bottle Type: | BP-1L              | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |  |
| CHLSUITE-W |              |                    |                 |               |               |                                     |  |
| Group: C   | Bottle Type: | P-500ML            | # of Bottles: 5 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab |  |
| W-NH3      |              |                    |                 |               |               |                                     |  |
| W-NO2NO3   |              |                    |                 |               |               |                                     |  |
| W-S-A-TP   |              |                    |                 |               |               |                                     |  |
| W-TKN      |              |                    |                 |               |               |                                     |  |
| Group: C   | Bottle Type: | P-125ML            | # of Bottles: 5 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab |  |
| W-PO4-F    |              |                    |                 |               |               |                                     |  |
| Group: D   | Bottle Type: | BP-1L              | # of Bottles: 5 | Preservative: | Lugols        | Enter Number of Bottles Sent to Lab |  |
| DTY-QN-C   |              |                    |                 |               |               |                                     |  |
| PKD-QN-C   |              |                    |                 |               |               |                                     |  |

Date of Request: 16-MAY-2019  
 Created By: BEARDEN\_M On: 16-MAY-2019  
 Modified By: WATTS\_J On: 29-MAY-2019  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division:  
 District:  
 Sampling Event: Algal Bloom Response - as needed

**Send Coolers To:**

Phone: 850-245-8416  
 FL DEP  
 13051 N Telecom Parkway  
 Temple Terrace, FL 32399-2400  
 Attn: Matt Bearden

Program Module Number:  
 Priority: 1  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 21-MAY-2019  
 Biology Request Reviewed By: JASROTIA\_P On: 22-MAY-2019  
 Sampling Kit Required: YES Ship on: 24-MAY-2019  
 Sampling Kit Shipped: YES On: 29-MAY-2019  
 Sampling Kit Packed By: REYNOLDS\_T  
 Preservatives Needed: NO  
 Date to Receive Samples: 03-JUN-2019  
 Received By: SHAIK\_A On: 20-JUN-2019

**Send Final Report To:**

2600 Blair Stone Rd  
 MS #3560  
 Tallahassee, FL 32399-2400  
 Attn: Julie Espy

Report Type: Final Only  
 FTP Data: NO  
 QC Report: YES  
 Date Log: NO  
 Authorization Log: NO

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

Bottle Groups A/B/C - separate event, priority 1  
 Bottle Group D- separate event, priority 12

Bottle Group A - Priority 1  
 For algal dominant taxon.

Bottle Group B - Priority 1  
 For toxin testing.

Bottle Group C - Priority 1  
 Water quality testing - nutrients and chlorophyll

Bottle Group D - Priority 12  
 For algal full ID.

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 5 Samples:**

Bottle Type: PT-50ML Number of Bottles: 5 Preserved With: ICE  
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

**Bottle Group B (Water) With 5 Samples:**

Bottle Type: BG-250ML-WDMTH Number of Bottles: 5 Preserved With: ICE  
 W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

**Bottle Group C (Water) With 5 Samples:**

Bottle Type: BP-1L Number of Bottles: 5 Preserved With: ICE  
 CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry

Bottle Type: P-500ML Number of Bottles: 5 Preserved With: ICE And H2SO4

**Bottle Group C (Water) With 5 Samples:**

|                      |                      |                                                                                          |
|----------------------|----------------------|------------------------------------------------------------------------------------------|
| Bottle Type: P-500ML | Number of Bottles: 5 | 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 N/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: 5 | 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 |

**Bottle Group D (Water) With 5 Samples:**

|                    |                      |                                                                       |
|--------------------|----------------------|-----------------------------------------------------------------------|
| Bottle Type: BP-1L | Number of Bottles: 5 | Preserved With: Lugols                                                |
| DTY-QN-C           | Template: DEFAULT    | (SOP-AB05_1) No. of diatom taxa of quantitative phytoplankton sample. |
| PKD-QN-C           | Template: DEFAULT    | (SOP-AB05) No. of wet taxa of quantitative phytoplankton sample.      |

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