Florida DEP Algal Bloom Notification Form

(version 11/26/2019)

Date (YYYY/MM/DD) _____ Time _____ ◯AM ◯PM

Recorder Name _____

Affiliation: (citizen, agency acronym, etc.) _____

Event Information:

Waterbody name_____Nearest landmark _____

County_____City_____Estimate size of bloom (sq. feet) _____

Describe location in waterbody _____

First observed (YYYY/MM/DD)_____Time_____ ◯AM ◯PM

Discolored water? ◯No, normal ◯Yes, color? _____

Scum? ◯No ◯Yes, color? _____

Odor? ◯No ◯Yes, describe _____

Health:

Do not accept details regarding health effects. Direct caller to report to Poison Control 800-222-1222.
Notify FDOH of report.

Wildlife:

Are fish injured or dead? ◯No ◯Yes # affected? _____ Alive/Gasping/Dead/Decomposed? _____

Are fish with lesions or disease at this event? ◯No ◯Yes _____

Are any other animals affected by this event? ◯No ◯Yes _____

Report fish kills directly to FWC: https://public.myfwc.com/FWRI/FishKillReport/Submit.aspx or call 1-800-636-0511

Additional Info:

Contact Info (optional):

First name_____Last name _____

Affiliation: (citizen, agency acronym, etc.) _____

Address _____

County_____City_____ Zip Code_____

Phone _____Email _____

Helpful Links:

DEP Algal Bloom Dashboard https://floridadep.gov/algalbloom
FDOH Aquatic Toxins website: http://www.floridahealth.gov/environmental-health/aquatic-toxins/index.html