FDEP Biology Laboratory-Toxicity Section
Chronic Bioassay Test Information Sheet

Sample Collection: Date:_____Time:_____
Hold Time Start: Date:_____Time:_____

Test Start Date:_____ Time:_____
Test End Date:_____Time:_____

Organism Age: _____
Batch #: _____

Facility:_____
_____
Address:_____
_____
County:_____
NPDES Permit #: FL _____
Contact: _____ **District:**_____
LIMS Job #:_____**LIMS Sample #:**_____
LIMS Entry:_____**Verified:**_____
Authorized:_____

Organism: ***Americamysis bahia***
(SOP TA-07.15, Method: EPA-821-R-02-014 1007.0)

Test Type
☐ Screen
☐ Definitive
☐ Static
☐ Flow-through

Light Intensity: 50-100 ft candles (recommended)
Photoperiod:16 hr light, 8 hr dark (recommended)

Initial Sample Handling:									
pH adjustment:		**Aeration:**		**Dechlorination:**		**Salinity adjustment:**			
Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**		
Initial pH: _____		**Initial DO:** _____mg/L		**Initial TRC:** _____ mg/L		**Initial Salinity:** _____ ppt			
NaOH: _____N		**Final DO:** _____mg/L		_____ mL of 0.025 N Sodium Thiosulfate per liter of sample.		**Final Salinity:** _____ ppt			
HCl: _____N		**Duration:** _____minutes		**Final TRC:** _____mg/L		**Circle one:** Salts / Hypersaline brine			
_____ mL added		**Rate:** ~ _____ bubbles per min				**Amount:** _____			
Final pH: _____									

Sample Validation:		
Temperature Shipped ≤ 6°C:	**Yes**	**No**
If Hand Delivered, Cooling:	**Yes**	**No**
Received: _____ °C **Collected:** _____ °C		
Holding Time ≤ 36 Hours:	**Yes**	**No**
(Composite: End of collection; Grab: When collected; 4 in 24: Time last sample collected)		

Feeding Times	
First	**Second**
Day 0 * _____	**Day 0** _____
Day 1 _____	**Day 1** _____
Day 2 _____	**Day 2** _____
Day 3 _____	**Day 3** _____
Day 4 _____	**Day 4** _____
Day 5 _____	**Day 5** _____
Day 6 _____	**Day 6** _____

*** Day 0 first feeding is 2 hours prior to test intiation.**

Artemia Batch #'s
Day 0 _____
Day 1 _____
Day 2 _____
Day 3 _____
Day 4 _____
Day 5 _____
Day 6 _____
***Artemia* Lot #** _____

Chamber Size: 500 mL
Test Volume: 250 mL

Reviewer: _____

Comments:

FDEP Biology Laboratory - Toxicity Section

Chronic Bioassay Information Sheet

Method: EPA-821-R-02-014-1007.0 *A. bahia* SOP TA-07.15

LIMS Sample #: _____ (for lab sample # 1)

Start Date: _____ **Time:** _____

End Date: _____ **Time:** _____

Randomizer #: _____

Diluent	Batch #/LIMS ID #	Days Used

Stats run by/Date: _____

Stats verified by/Date: _____

Results	
Control % CV:	
Dunnetts PMSD (%)**:**	
IC25 (%)**:**	
Growth NOEC (%)**:**	
Growth LOEC (%)**:**	
Survival NOEC (%)**:**	
Survival LOEC (%)**:**	

Temperature Range (°C)	
Incubator #_____	
Min._____	**Max._____**
Test	
Min._____	**Max._____**
Room B246	
Min._____	**Max._____**

Test Acceptability Criteria		
Control Survival ≥ 80%:	**Yes**	**No**
Temperature Range ≤ 3° C:	**Yes**	**No**

Comments:

FDEP Biology Laboratory-Toxicity Section
Chronic Bioassay Water Quality Information Sheet

LIMS Sample #: _____(for lab sample # 1)

Method: EPA-821-R-02-014-1007.0 *A. bahia* SOP TA-07.15

Sample Received	LAB Sample #	LIMS JOB #	LIMS SAMPLE #	Collection Date/Time	Received Date/Time
Test Day 0	**1**	TLH-			
Test Day 2	**2**	TLH-			
Test Day 4	**3**	TLH-			

Water Quality Parameters	**ASW** LIMS ID # _____ Batch # _____	**ASW** LIMS ID # _____ Batch # _____	**Sample 1** LIMS Sample # _____	**Sample 2** LIMS Sample # _____	**Sample 3** LIMS Sample # _____	**SOP**	**Measured By:**	**Transcription Checked by:**
Field Total Residual Cl_2 (mg/L)	N/A	N/A				TA-06.22		
Lab Total Residual Cl_2 (mg/L)						TA-06.22		
Alkalinity (mg/L as $CaCO_3$)						TA-06.08		
Total Ammonia (mg/L as N)						TA-06.35 or TA-06.33		
Conductivity: (mmhos)						TA-06.36		
Salinity (ppt)						TA-06.36		
Days Used:								

Comments:

FDEP Biology Labority-Toxicity Section
Chronic Survival Benchsheet

Facility:_____ Organism: *A. bahia* (SOP TA-07.15) **Start Date:**_____ **Start Time:**_____

LIMS Sample #:_____ (for lab sample # 1) Method: EPA-821-R-02-014- 1007.0 **End Date:**_____ **End Time:**_____

Concentration (%)	Replicate	TEST DAY 0	1	2	3	4	5	6	7
Control	A	5							
	B	5							
	C	5							
	D	5							
	E	5							
	F	5							
	G	5							
	H	5							
	A	5							
	B	5							
	C	5							
	D	5							
	E	5							
	F	5							
	G	5							
	H	5							
	A	5							
	B	5							
	C	5							
	D	5							
	E	5							
	F	5							
	G	5							
	H	5							
	A	5							
	B	5							
	C	5							
	D	5							
	E	5							
	F	5							
	G	5							
	H	5							
Checked by:									
Concentrations prepared by:									

Concentration (%)	Replicate	TEST DAY 0	1	2	3	4	5	6	7
	A	5							
	B	5							
	C	5							
	D	5							
	E	5							
	F	5							
	G	5							
	H	5							
	A	5							
	B	5							
	C	5							
	D	5							
	E	5							
	F	5							
	G	5							
	H	5							
	A	5							
	B	5							
	C	5							
	D	5							
	E	5							
	F	5							
	G	5							
	H	5							
	A	5							
	B	5							
	C	5							
	D	5							
	E	5							
	F	5							
	G	5							
	H	5							
Checked by:									
Concentrations prepared by:									

Loaded by (0 hour): _____

Verified by (0 hour): _____

Concentrations by (0 hour): _____

Chamber letters: _____ /_____

D = dead
M = missing

Comments:

FDEP Biology Laboratory-Toxicity Section
Chronic Bioassay Parameters Benchsheet

Facility:_____ Organism: *A. bahia* (SOP TA-07.15) **Start Date:** _____ **Time:** _____

LIMS Sample #: _____ Method: EPA-821-R-02-014- 1007.0 **End Date:** _____ **Time:** _____

(for lab sample # 1)

Rep = Replicate **Temp = Temperature** **DO = Dissolved oxygen** **Cond = Conductivity**

Test Day ↓		Before Renewal						After Renewal					
	Concentration (%)	Test Rep	pH (su)	Temp (°C)	DO (mg/L)	Cond (mmhos-cm)	Salinity (ppth)	Test Rep	pH (su)	Temp (°C)	DO (mg/L)	Cond (mmhos-cm)	Salinity (ppth)
Day 0 (Sample 1)	Control												
	Measured by:												
	Recorded by:												
	Concentration (%)	Rep	pH	Temp	DO	Cond	Salinity	Rep	pH	Temp	DO	Cond	Salinity
Day 1 (Sample 1)	Control												
	Measured by:												
	Recorded by:												
	Concentration (%)	Rep	pH	Temp	DO	Cond	Salinity	Rep	pH	Temp	DO	Cond	Salinity
Day 2 (Sample 2)	Control												
	Measured by:												
	Recorded by:												
	Concentration (%)	Rep	pH	Temp	DO	Cond	Salinity	Rep	pH	Temp	DO	Cond	Salinity
Day 3 (Sample 2)	Control												
	Measured by:												
	Recorded by:												

Comments:

FDEP Biology Laboratory-Toxicicty Section

Chronic Bioassay Parameter Sheet

Facility:_____ Organism: *A. bahia* (SOP TA-07.15) **Start Date:** _____ **Time:** _____

LIMS Sample #: _____ Method: EPA-821-R-02-014-1007.0 **End Date:** _____ **Time:** _____

(for lab sample #1)

Rep = Replicate **Temp = Temperature** **DO = Dissolved oxygen** **Cond = Conductivity**

Test Day ↓		Before Renewal						After Renewal					
	Concentration (%)	Test Rep	pH (su)	Temp (°C)	DO (mg/L)	Cond (mmhos-cm)	Salinity (ppth)	Test Rep	pH (su)	Temp (°C)	DO (mg/L)	Cond (mmhos-cm)	Salinity (ppth)
Day 4 (Sample 3)	Control												
	Measured by:												
	Recorded by:												
	Concentration (%)	Rep	pH	Temp	DO	Cond	Salinity	Rep	pH	Temp	DO	Cond	Salinity
Day 5 (Sample 3)	Control												
	Measured by:												
	Recorded by:												
	Concentration (%)	Rep	pH	Temp	DO	Cond	Salinity	Rep	pH	Temp	DO	Cond	Salinity
Day 6 (Sample 3)	Control												
	Measured by:												
	Recorded by:												
	Concentration (%)	Rep	pH	Temp	DO	Cond	Salinity	Rep	pH	Temp	DO	Cond	Salinity
Day 7 (Sample 3)	Control												
	Measured by:												
	Recorded by:												

Comments:

FDEP Biology Laboratory-Toxicity Section
Chronic Bioassay Weight Benchsheet

Organism: A. bahia (SOP TA-07.15)

Method: EPA-821-R-02-014- 1007.0

Facility: _____

LIMS Sample ID: _____ (from Lab sample 1)

wt.= Weight Conc. = Concentration

Concentration: %

Concentration	Replicate	Pan #	Pan wt. (g)	Pan + Mysid (g)	Mysid wt. (g)	Original # of mysid	Mean wt. (mg.)	Mean wt./Conc. (mg)
			Mean wt. = Mysid wt. divided by 5					
Control	A					5		
	B					5		
	C					5		
	D					5		
	E					5		
	F					5		
	G					5		
	H					5		
	A					5		
	B					5		
	C					5		
	D					5		
	E					5		
	F					5		
	G					5		
	H					5		
	A					5		
	B					5		
	C					5		
	D					5		
	E					5		
	F					5		
	G					5		
	H					5		
	Weighed by initials:							

Comments:

FDEP Biology Laboratory-Toxicity Section

Chronic Bioassay Weight Benchsheet

Facility: _____

Organism: A. bahia (SOP TA-07.15)
Method: EPA-821-R-02-014- 1007.0

LIMS Sample ID: _____

wt.= Weight Conc. = Concentration

			Mean wt. = Mysid wt. divided by 5					
Concentration %	Replicate	Pan #	Pan wt. (g)	Pan + Mysid (g)	Mysid wt. (g)	Original # of mysid	Mean wt. (mg.)	Mean wt./Conc. (mg)
	A					5		
	B					5		
	C					5		
	D					5		
	E					5		
	F					5		
	G					5		
	H					5		
	A					5		
	B					5		
	C					5		
	D					5		
	E					5		
	F					5		
	G					5		
	H					5		
	A					5		
	B					5		
	C					5		
	D					5		
	E					5		
	F					5		
	G					5		
	H					5		
	A					5		
	B					5		
	C					5		
	D					5		
	E					5		
	F					5		
	G					5		
	H					5		
	Weighed by initials:							

Comments:

FDEP Biology Laboratory-Toxicity Section
Chronic Bioassay Weight
Quality Control Benchsheet

SOPs TA-07.15 and TA-06.21
Method: EPA-821-R-02-014-2006.0

Empty Pan Weights Date: _____ By: _____

Weights in grams	Pan 1 wt.	Pan 1 initial wt.
after Pan 5	@	
after Pan 10	@	
after Pan 15	@	
after Pan 20	@	
after Pan 25	@	
after Pan 30	@	
after Pan 35	@	
after Pan 40	@	
after Pan 45	@	
after Pan 48	@	

	Measured Value (g)	Class 1 Weight Value (g)
Class 1 Weights	@	
	@	

Class 1 Weights: BIO-S-WEIGHTS-01
Balance: Mettler Toledo XA105
Ser# B314195659

Fish + Pan Weights Date: _____ By: _____

Weights in grams	Pan 1 wt.	Pan 1 initial wt.
after Pan 5	@	
after Pan 10	@	
after Pan 15	@	
after Pan 20	@	
after Pan 25	@	
after Pan 30	@	
after Pan 35	@	
after Pan 40	@	
after Pan 45	@	
after Pan 48	@	

	Measured Value (g)	Class 1 Weight Value (g)
Class 1 Weights	@	
	@	

Drying Oven ID: _____
Temperature °C: _____
Drying Hours: _____

Date/Time in oven:_____

Date/Time out of oven:_____

Note: Pan number (5, 10, etc.) refers to the replicate that goes with the A. bahia in each pan.

Comments:

FDEP Biology Laboratory-Toxicity Section
Chronic Bioassay
Instrument Code Benchsheet

Organism: A. bahia (SOP TA-07.15)
Method: EPA-821-R-02-014- 1007.0

Test ID: Dates:

METER / DEVICE	Instrument Code
DO Meter	
pH Meter	
Conductivity Meter	
Ammonia Kit	
Traceable Thermometer	
Chlorine Kit	
Alkalinity Kit	
Balances used	
Weights used	
Entered by and date:	