Algae Sampling Data Supplemental Information

Date: _____ Time of Day: _____

Lake Name: _____ County: _____

Ecology Tracking Number: _____

Sample Location: (e.g. swim beach, north shore) _____

Latitude: _____ Longitude: _____

CONTACT INFO:

Name of Sampler: _____ Affiliation: _____

Phone Number: _____ Email Address: _____

WEATHER
check one

- ☐ Sunny
- ☐ Partly Cloudy
- ☐ Overcast
- ☐ Dark Clouds
- ☐ Raining

WIND
check one

- ☐ No Wind (Glassy Water)
- ☐ Slight Wind (Small Ripples)
- ☐ Breezy (Small Wavelets)
- ☐ Stormy (Waves/Whitecaps)

TEMPERATURE

Air:_____°C
(to the nearest 0.5 °C)

LAKE USE

of boats on lake: _____

# of swimmers at the lake: _____

# of people wading/other: _____

# of people fishing: _____

# of dogs in/around lake: _____

NOTES:

_____

_____

POSTING DECISION:

☐ NONE ☐ CAUTION ☐ WARNING ☐ DANGER

SCUM PRESENT:

☐ NO ☐ YES

COLOR: _____

PICTURE TAKEN?

☐ No ☐ Yes Please send photos to:
Joseph Teresi - jote461@ecy.wa.gov

REQUIRE$ bkn 3AMPLE SUBMITTAL:

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- ☐ Signed Chain of Custody (Relinquished)
- ☐ Proper Sampling Container

If Shipping:

- ☐ Frozen Ice Pack ☐ Overnighted

☐ **If sample collected in response to human illness or animal illness/death, check box and send a copy of this form to freshwaterHABs@doh.wa.gov.**

Requested Analyses

- ☐ Microcystins
- ☐ Saxitoxin
- ☐ Cylindrospermopsin
- ☐ Anatoxin-a
- ☐ Qualitative Phyto ID

Lab use only
Sample Temperature: _____

Chain of Custody

Relinquished Date/time:	Received Date/time:
Relinquished by: *(Signature)*	Received by: *(Signature)*
Printed Name:	**Printed Name**

DEPARTMENT OF
ECOLOGY
State of Washington