One Health Harmful Algal Bloom System (OHHABS) Environmental Form

Form Approved

OMB No. 0920-1105

Exp. Date: 11/30/2025



☐ Raw/Non-potable water use (e.g. lawn care)



One Health Harmful Algal Bloom System (OHHABS)

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1105). DO NOT MAIL FORMS TO THIS ADDRESS

GENERAL INFORMATION Why was this characterized as a HAB event? (Select oil that apply) Bloom observed (e.g. by an individual, satellite imagery)	CDC REPORT ID	CDC FORM ID	STATE REPORT ID	REPORT DATE CREATED
Why was this characterized as a HAB event? (Select all that apply) Gloom observed (e.g. by an individual, satellite imagery) Gloom observed (which a benthic bloom or mat? Gloom observed (which a benthic bloom or mat. Gloom observed (which a benthic bloom observed (which a ben				
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Bloom observed (e.g. by an individual, satellite imagery)	GENERAL INFORMATION			
HAB organisms/toxins detected via testing	Why was this characterized as a HAB	event? (Select all that apply)		
Associated human illness(es) Was this event associated with a benthic bloom or mat? □ Yes	\Box Bloom observed (e.g. by an individu	ual, satellite imagery)	☐Associated animal illness(es)	
Was this event associated with a benthic bloom or mat?	\square HAB organisms/toxins detected via	testing	□Other (Specify)	
Date bloom was first observed(MM/DD/YYYY):	☐ Associated human illness(es)			
Date bloom was first observed(MM/DD/YYYY):	Was this event associated with a ben-	thic bloom or mat?		
How long did the bloom occur?	□Yes □No □Unknown			
□SI week to SI month □S months to SG months □S SI year □SI year □	Date bloom was first observed(MM/I	DD/YYYY):		
¬ 1 week to ≤1 month ¬ 6 months to ≤9 months ¬ 1 month to ≤3 months ¬ 2 months to ≤1 year ¬ 2 month to ≤3 months ¬ 2 months to ≤1 year ¬ 2 months to ≤2 year ¬ 2 months to ≤3 months ¬ 3 months to ≤1 year ¬ 3 months to ≤2 year ¬ 3 months to ≤3 months to ≤1 year ¬ 3 months to ≤2 year ¬ 3 months to ≤3 months to ≤2 year ¬ 3 months to ≤3 months to ≤2 year ¬ 3 months to ≤3 months to ≤3 months to ≤4 year ¬ 3 months to ≤3 months to ≤3 months to ≤4 year ¬ 3	How long did the bloom occur?			
S1 month to ≤3 months	□≤1 week	□>3 months to ≤6 m	onths □>1	year (ongoing)
Date of initial notification to State, Tribal, Local, or Territorial Health Authorities(MM/DD/YYYY): GEOGRAPHIC DESCRIPTION LOCATION State/Jurisdiction County(ies) City(ies)/Town(s) Did the bloom impact Tribal or Federal lands? Tribal Land Federal Land Specify Name: If Tribal Land or Federal Land Specify Name:	□>1 week to ≤1 month	□>6 months to ≤9 m	onths \Box Uı	nknown
GEOGRAPHIC DESCRIPTION LOCATION State/Jurisdiction	□>1 month to ≤3 months	□>9 months to ≤1 ye	ear	
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LOCATION State/Jurisdiction City(ies)/Town(s) City(ies)/Town(s) Did the bloom impact Tribal or Federal lands? Tribal Land Federal Land No Unknown If Tribal Land or Federal Land Specify Name: Did the bloom impact water in any other states/jurisdictions? Yes No Unknown If yes] What other state(s) were affected? Official name of water body (if different) Specific location name LOCATION COORDINATES Latitude:				
State/Jurisdiction	GEOGRAPHIC DESCRIPTION			
County(ies)				
City(ies)/Town(s)				
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Tribal Land Federal Land No Unknown				
[If Tribal Land or Federal Land] Specify Name:	•			
Did the bloom impact water in any other states/jurisdictions? Yes No Unknown If yes What other state(s) were affected?				
Yes No Unknown				
[If yes] What other state(s) were affected? Official name of water body Common name of water body (if different) Specific location name Specific location name Specific location name LOCATION COORDINATES Latitude: Latitude: Longitude: Coordinates indicate an exact bloom location. Coordinates indicate a routine monitoring location Coordinates indicate the affected waterbody Exact coordinates unknown Hydrologic unit code (e.g., 04-Great Lakes) http://water.usgs.gov/GIS/huc.html BLOOM DESCRIPTION WATER BODY CHARACTERISTICS What is the water type? Lake/Reservoir/Impoundment River/Stream Ocean Other bodies of water (specifiy): Bay/Lagoon Unknown Pond What is the salinity of the water? Unknown Salt Brackish Fresh What is the water body used for? (Select all that apply)		her states/jurisdictions?		
Official name of water body				
Common name of water body (if different)				
Specific location name LOCATION COORDINATES Latitude: Longitude: Coordinates indicate an exact bloom location.				
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☐ Salt ☐ Brackish ☐ Fresh What is the water body used for? (Select all that apply)				
☐ Salt ☐ Brackish ☐ Fresh What is the water body used for? (Select all that apply)	What is the salinity of the water?			
What is the water body used for? (Select all that apply)	-			
		lect all that apply)		
☐ Agriculture ☐ Recreation (e.g., non-commercial fishing, swimming, boating,	☐ Agriculture	,,,,	☐ Recreation (e.g., non-comm	ercial fishing, swimming, boating.
☐ Aquaculture (e.g. fish, shellfish, aquatic plants, etc.)	_	uatic plants, etc.)	· -	- 0,
☐ Industrial/Occupational (e.g., commercial fishing) ☐ Other (specify)			•	
	□ Public drinking water system		☐ Unknown	

OBSERVATIONAL DATA

Date of Observation	Who were these observations documented by?	Was was there scum/algal matter present?	What was the color of the water?	What was the clarity of the water?	Was there an odor?	What was the flow of the water?

ADVISORIES	
Does this water body have a history of blooms and/or HAB toxins?	
□Yes □ No □ Unknown	
Were any advisory(ies)/warning(s)/notification(s) issued in response to the HA	AB event?
□Yes □ No □ Unknown	
Start Date (MM/DD/YYYY)	
End Date (MM/DD/YYYY)	
[If yes] Why was the advisory/warning/notification issued? (Select a	ll that apply)
☐ Bloom observed	☐Toxin/Biotoxin Detected
☐ Human illness report/s	☐ Cell counts
☐ Animal illness report/s	□Other (specify):
[If yes] Who issued the advisory(ies)/warning(s)/notification(s)? (Se	
☐ State/Local Health Department	☐ Federal Agency (e.g., EPA, National Park Service)
☐ State/Local Agency/Authority (e.g., Parks & Rec, Environment,	□Other(specify)
Water, Fish & Wildlife)	□Unknown
[If yes] Were any closures issued at water bodies or shellfish harvest	ting areas in response to the HAB event?
☐Yes ☐ No ☐ Unknown	
[If yes] How was the public notified of the advisory(ies)/warning(s)/	notificiation(s)? (Select all that apply)
□Press release	☐Sign near the water
□Press conference	☐ Affected customers directly notified by their drinking water
□Information posted on state or local government website	□Other (specify)
□Social media posts (e.g., Facebook, X/Twitter)	□Unknown
ENVIROMENTAL LABORATORY TESTING	
Was testing conducted for algae, cyanobacteria, algal/cyanobacterial toxins, c	or components (metabolites/analytes)?
□Yes □ No □ Unknown	
[If yes] Which of the following was tested for algae, cyanobacteria, a	algal/cyanobacterial toxins, or components? (Select all that apply
☐ Algae/Cyanobacteria/Phytoplankton	☐ Raw/Ambient water
☐ Finished drinking water	☐ Other (specify)
☐ Food/supplements (specify):	□ Unknown
[If yes] Why was it tested? (Select all that apply)	
☐ Fish illness/kill	☐ Monitoring
☐ Animal health event response	☐ Other (specify)
☐ Citizen complaint	□ Unknown
☐ Human health event response	
[If yes] What was it tested for? (Select all that apply)	
☐ Algae/Cyanobacteria/Phytoplankton (organism)	☐ Fecal Coliforms
☐ Algal toxins/biotoxins	☐ Other (specify)
☐ Chlorophyll/Phycocyanin (pigment)	□ Unknown
□ Enterococci	

Result Detected? Sample collection date (MM/DD/YYYY) Sample type (e.g. water) Classification (e.g., Cyanobacteria,Toxin, Toxin-producing gene) Genus or toxin (e.g., Microcystis) Species (e.g., aeruginosa) Sub-species (e.g., scripta) Concentration (e.g., 20) Concentration Unit (e.g., ppm) Test type (e.g., ELISA) VIVIRONMENTAL TESTING RESULTS REMARKS (Remarks should NOT include PII, CCI, other identifiers, webpage links, or additional locatiformation. Remarks should ONLY include information about the sample, test results, or other relevant laboratory formation.): ENERAL REMARKS (Remarks should NOT include any PII, CCI, other identifiers, webpage links, or lab/sample/testing information. Remarks	Number			
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NERAL REMARKS (Remarks should NOT include any PII, CCI, other identifiers, webpage links, or lab/sample/testing information. Remarks	ormation. Remarks should (ONLY include information ab	bout the sample, test result	
lly include relevant information not captured in the form.):				

 ${\tt ENVIRONMENTAL\ TESTING\ RESULTS\ (\it Please\ report\ each\ samples\ information\ individually)}$

Laboratory Result