



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 ENVIRONMENTAL SERVICES PROGRAM
**SUSPECTED HARMFUL ALGAL BLOOM (HAB)
 NOTIFICATION FORM**

DATE OF REPORT

INSTRUCTIONS FORM SUBMITTING FORM

The HAB response team will review all reports submitted. Please provide contact information so that a staff member can follow up on report.
 1. Download and save form.
 2. Complete form and email to moHABreport@dnr.mo.gov.
 3. Attach photos if available.

WATER BODY DESCRIPTION

WATER BODY NAME (required)		COUNTY (required)	APPROXIMATE SIZE
WATER BODY TYPE <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Creek/Stream <input type="checkbox"/> Pond <input type="checkbox"/> Other:		PRIMARY USES <input type="checkbox"/> Recreational <input type="checkbox"/> Drinking Water Supply <input type="checkbox"/> Aquaculture <input type="checkbox"/> Agriculture <input type="checkbox"/> Other:	ACCESS <input type="checkbox"/> Public <input type="checkbox"/> Private
WATER BODY LOCATION/ADDRESS (required)		WATER BODY OWNER/MANAGING AUTHORITY	

SUSPECTED BLOOM OBSERVED BY

FORM COMPLETED BY (if different than observed by)

NAME		NAME	
AGENCY/AFFILIATION (if applicable)		AGENCY/AFFILIATION	
ADDRESS (street, city, zip code) – OPTIONAL		ADDRESS (street, city, zip code)	
PHONE NUMBER WITH AREA CODE	EMAIL	PHONE NUMBER WITH AREA CODE	EMAIL
PREFERRED CONTACT <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> No Contact			

REASON(S) FOR CONCERN

WATER BODY APPEARANCE <input type="checkbox"/> Floating Scum <input type="checkbox"/> Pea Soup <input type="checkbox"/> Stringy <input type="checkbox"/> Floating Mats <input type="checkbox"/> Submerged Mats <input type="checkbox"/> Other:	COLOR OF BLOOM DATE(S) OBSERVED	CONFIRMED AS CYANOBACTERIA? <input type="checkbox"/> Jar/Stick Test <input type="checkbox"/> Toxin Dipstick <input type="checkbox"/> Lab Analysis
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SPECIFIC AREA OF WATER BODY IMPACTED

LOCATION ON WATER BODY	GPS COORDINATES Latitude or Northing Longitude or Easting <input type="checkbox"/> Dec. Deg <input type="checkbox"/> DMS <input type="checkbox"/> UTM
PERCENTAGE OF WATER BODY IMPACTED <input type="checkbox"/> < 25% <input type="checkbox"/> 25% to 50% <input type="checkbox"/> 50% to 75% <input type="checkbox"/> > 75%	

ILLNESSES RELATED TO SUSPECTED BLOOM

HUMAN ILLNESS
 Are you aware of anyone having symptoms that may be attributed to this suspected algal bloom? Yes No Unknown
 (Symptoms may include skin irritations, such as rashes; diarrhea, cramps and/or vomiting; numbness; dizziness and temporary paralysis.)

ANIMAL ILLNESS
 Are you aware of any animals having symptoms?
 If yes, list animals and symptoms.
 Yes No

RESPONSE ACTIONS OFFICIAL USE ONLY

SAMPLES COLLECTED, TESTING, INFORMATION OUTREACH, ETC.

EMERGENCY CONTACT NUMBERS

- If after business hours and an emergency:
- Missouri Department of Natural Resources
 Environmental Emergency Response: 573-634-2436
 - Missouri Department of Health and Senior Services
 Public Health Emergency Hotline: 800-392-0272