



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

One Health Harmful Algal Bloom System (OHHABS)



Environmental Form

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. OMB No. 0920-1105. Expiration Date: 08/31/2028

CDC REPORT ID	CDC FORM ID	STATE REPORT ID	REPORT DATE CREATED

GENERAL INFORMATION

Why was this characterized as a HAB event? (Select all that apply)

Bloom observed (e.g. by an individual, satellite imagery) Associated animal illness(es)
 HAB organisms/toxins detected via testing Other (Specify) _____
 Associated human illness(es)

Was this event associated with a benthic bloom or mat?

Yes No Unknown

Date bloom was first observed(MM/DD/YYYY): _____

How long did the bloom occur?

<input type="checkbox"/> ≤1 week	<input type="checkbox"/> >3 months to ≤6 months	<input type="checkbox"/> >1 year (ongoing)
<input type="checkbox"/> >1 week to ≤1 month	<input type="checkbox"/> >6 months to ≤9 months	<input type="checkbox"/> Unknown
<input type="checkbox"/> >1 month to ≤3 months	<input type="checkbox"/> >9 months to ≤1 year	

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 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 _____

Common name of water body (if different) _____

Specific location name _____

LOCATION COORDINATES

Latitude: _____ Longitude: _____

Coordinates indicate an exact bloom location.
 Coordinates indicate the affected waterbody
 Hydrologic unit code (e.g., 04-Great Lakes) _____

Coordinates indicate a routine monitoring location
 Exact coordinates unknown
<http://water.usgs.gov/GIS/huc.html>

BLOOM DESCRIPTION

WATER BODY CHARACTERISTICS

What is the water type?

Lake/Reservoir/Impoundment
 Ocean
 Bay/Lagoon
 Pond

What is the salinity of the water?

Salt Brackish Fresh

What is the water body used for? (Select all that apply)

Agriculture
 Aquaculture (e.g. fish, shellfish, aquatic plants, etc.)
 Industrial/Occupational (e.g., commercial fishing)
 Public drinking water system
 Raw/Non-potable water use (e.g. lawn care)
 Recreation (e.g., non-commercial fishing, swimming, boating,

River/Stream
 Other bodies of water (specify): _____
 Unknown

etc.)
 Other (specify) _____
 Unknown

OBSERVATIONAL DATA

Date of Observation	Who were these observations documented by?	Was there scum/algae 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 HAB event?

Yes No Unknown

Start Date (MM/DD/YYYY)_____

End Date (MM/DD/YYYY)_____

[If yes] Why was the advisory/warning/notification issued? (Select all 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) ? (Select all that apply)

State/Local Health Department

Federal Agency (e.g., EPA, National Park Service)

State/Local Agency/Authority (e.g., Parks & Rec, Environment, Water, Fish & Wildlife)

Other(specify)_____

Unknown

[If yes] Were any closures issued at water bodies or shellfish harvesting areas in response to the HAB event?

Yes No Unknown

[If yes] How was the public notified of the advisory(ies)/warning(s)/notification(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

ENVIRONMENTAL LABORATORY TESTING

Was testing conducted for algae, cyanobacteria, algal/cyanobacterial toxins, or components (metabolites/analytes)?

Yes No Unknown

[If yes] Which of the following was tested for algae, cyanobacteria, 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

ENVIRONMENTAL TESTING RESULTS (Please report each samples information individually)

Laboratory Result Number	1	2	3
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., <i>Microcystis</i>)			
Species (e.g., <i>aeruginosa</i>)			
Sub-species (e.g., f. scripta)			
Concentration (e.g., 20)			
Concentration Unit (e.g., ppm)			
Test type (e.g., ELISA)			

ENVIRONMENTAL TESTING RESULTS REMARKS (Remarks should NOT include PII, CCI, other identifiers, webpage links, or additional location information. Remarks should ONLY include information about the sample, test results, or other relevant laboratory information.): _____

GENERAL REMARKS (Remarks should NOT include any PII, CCI, other identifiers, webpage links, or lab/sample/testing information. Remarks should only include relevant information not captured in the form.): _____