

U.S. Army Corps of Engineers (USACE)
HARMFUL ALGAL BLOOM DECLARATION

For use of this form, see the Water Resources Development Act (WRDA) 2022, Section 8141; the proponent agency is CESO.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority WRDA 2022, Section 8141.

Principal Purpose Supervisor reporting to declare an employee's exposure to potentially harmful algal bloom toxin.

Routine Uses This form will reside in the employee's occupational health record.

Disclosure Providing this information is voluntary. However, refusal to provide the information requested will result in it not being included in the employee occupational health record.

Purpose: This form is used for supervisor's required reporting per The Water Resources Development Act (WRDA) of 2022, Section 8141, "Corps Records Relating to Harmful Algal Blooms In Lake Okeechobee, Florida"

This WRDA states that reporting is required when a USACE employee is working near any of the following Lake Okeechobee structures: S-77, S-78, S-79, S-80, and/or S-308; AND the Florida Department of Environmental Protection has determined that there is a waterborne concentration of microcystin of greater than 8 parts per billion.

USACE Supervisor Instructions.

- Complete this form for each employee that is exposed to a waterborne concentration of microcystin of greater than 8 parts per billion while performing USACE-related duties at or near any of the specified Lake Okeechobee structures specified in Water Resources Development Act (WRDA) of 2022.
- Email completed form to USACE Jacksonville District Medical Records Custodian at occupationalhealthteam@usace.army.mil

Employee Last Name	Employee First Name
Home District	Duty Station Location

USACE Supervisor Certification:

The above named USACE employee was performing duty during a period when the Florida Department of Environmental Protection determined that there was a concentration of microcystin of greater than 8 parts per billion at a USACE Lake Okeechobee structure(s) specified below:

Employee was working at the USACE Lake Okeechobee Structure(s):	Date(s) of possible exposure:
<input type="checkbox"/> S-77 <input type="checkbox"/> S-78 <input type="checkbox"/> S-80 <input type="checkbox"/> S-308 <input type="checkbox"/> Other: _____	

Supervisor Name	Date	Supervisor Signature
-----------------	------	----------------------

USACE Jacksonville District Medical Records Custodian Certification:

USACE RECORD KEEPING:

As a USACE Jacksonville District Medical Records Custodian, I hereby attest to receipt of this completed potential exposure report; and that it is included in the employee's health record.

Jacksonville District Medical Records Custodian Name	Date	Jacksonville District Medical Records Custodian Signature
--	------	---