BFSLS 480 (Rev. 12/13)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY AND LABORATORY SERVICES
LABORATORY DIVISION

YEAR_____

Facility/Laboratory Name:_____

MICROBOLOGICAL SUITABLE (MS) WATER

TYPE_____ SYSTEM_____

ANNUAL TEST FOR DISSOLVED METALS

DATE_____ **TESTING LABORATORY**_____

COPPER _____**mg/L** **ZINC** _____**mg/L** **LEAD**_____**mg/L**

CADMIUM_____**mg/L** **CHROMIUM**_____**mg/L** **NICKEL** _____**mg/L**
(Footnote 4)

MONTHLY TESTING CRITERIA

Date	Lot # of Purchased MS water	Standard Plate Count (Footnote 1) CFU/ML	Total Chlorine Residual (Footnote 2) PPM	Conductivity Meter Calibration Standard/Results (if tested on-site)		Conductivity: Actual Results (Footnote 3) megohm/cm or umhos/ cm (circle one)	Analyst ID or Initials
				Standard	Results of Calibration		

Monthly Testing Criteria: (Note: If MS water is purchased, monthly testing criteria must be done on each lot.)

1. **Standard plate count <1,000 colonies/ml (<10,000 colonies/mL when testing stored water).**
2. **Total chlorine residual negative, recorded as less than the detection limit of the test used.**
3. **Resistance exceeds 0. 5 megohm/cm or conductance is less than 2.0 umhos/ cm (at 25ºC). Circle unit measured.**
4. **Test annually for dissolved metals (Pb, Cd, Cr, Cu, Ni, and Zn) not to exceed .05 mg/L for each metal and not to exceed 0.1 mg/L total for all metals. (Results of ND "Non Detect" for each metal is not acceptable)**
5. **Records maintained or available on-site since previous survey.**