BFSLS 492a (Rev. 12/13)

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

Facility/Laboratory Name:_____

PRE-DISPENSED RINSE SOLUTION CHECKS FOR GALLON CONTAINERS

Type: **Prepared on-site**

Date Prepared/ Tested	Manufacturer of Nutrient Broth	Lot # of Nutrient Broth	Date Received	Date Opened	Number Prepared	Number Visually Removed	Remaining Number after Removal[2]	Each Volume Checked 100±2 (≥ 98 ml or ≤ 102 ml)			Final pH Reading	Sterility Check Acceptable Y-Yes N-No	Prepared Lot Acceptable[3] Y-Yes N- No	Analyst ID or Initials	Comments

Note:

1. Check 1 blank for every 25 that were purchased or prepared using a class A graduate cylinder or equivalent. Reference Cultural Procedure (Rev. 10/13) Section 25d2.
2. Number of bottles that have failed visual inspection (leaking, overfilled, under filled, cloudy solution, etc.)
3. If batch is not approved for use, note corrective action taken in comment section.