BFSLS 536a (Rev. 5/14)

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

OPTICAL SOMATIC CELL COUNT RECORDS – Foss 250/300/360/400 or 5000-FC

Facility Name:_____ Date :_____

Make/Model of Unit:_____ Serial # of Unit: _____

Blank Check (minimum 3) Average ≤3,each individual count<5:

Count 1	Count 2	Count 3	Count 4	Count 5	Count 6	Count 7	Count 8	Count 9	Count 10	Average

Milk Standards (Circle one) :	Commercially prepared	Certified Provider	Lab onsite prepared
Name of Manufacturer			
Lot # / Date Prepared			
Expiration Date			
Date Received			
Temp. Received			
Receivers ID			
Preservative used			

DMSCC VALUES	100K-200K	300K-500K	600K-800K	900k-1.2M
Low Limit				
High Limit				
Count 1				
Count 2				
Count 3				
Average				

Time	Check Values	1	2	3	4	5	6	7	8	9	10	Avg.	C_V (≤5%)
	Zero												
	Repeata bility												
	Zero												
	Hourly Check				Avg								
	Zero												
	Hourly Check				Avg								
	Zero												
	Hourly Check				Avg								

Start Time		Start Temp °C		Finish Time		Finish Temp °C		Total Time (<30 min)		# of samples		Analyst	