

Facility/Laboratory Name: _____

DILUTION WATER TOXICITY TEST

Type: (Circle) Purchased or prepared on-site.

Date : _____ Analyst ID# or Initials: _____
 Manufacturer: _____ Lot # or date of prep: _____

TIME INTERVAL	DILUTION 1:100	DILUTION 1:1000	PERCENT DECREASE
0 Minutes			
15 Minutes			
30 Minutes			
45 Minutes			

Date : _____ Analyst ID# or Initials: _____
 Manufacturer: _____ Lot # or date of prep : _____

TIME INTERVAL	DILUTION 1:100	DILUTION 1:1000	PERCENT DECREASE
0 Minutes			
15 Minutes			
30 Minutes			
45 Minutes			

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TIME INTERVAL	DILUTION 1:100	DILUTION 1:1000	PERCENT DECREASE
0 Minutes			
15 Minutes			
30 Minutes			
45 Minutes			

1. Plate 1-ml volumes of dilutions of milk containing 25-250 colonies at the listed intervals.
2. If the 45 min count is 20% less than 0 min count, determine cause and retest after correction made,
3. Records of correction(s) and retest maintained.