

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

Facility/Laboratory Name: \_\_\_\_\_

**DILUTION BLANK CHECKS**

Type: (CIRCLE) **Purchased** or **Prepared on-site**

Date Tested	Manufacturer	Lot #	Date Received	Date Opened	Number Per Case / Prepared	Number Removed after Visual Inspection <sup>2</sup>	Remaining Number after Removal	Volume Check <sup>1</sup> (97-101 mL)				Final pH	Toxicity Check Acceptable Y-Yes N-No	Lot Acceptable Y-Yes N- No	Analyst ID or Initials	Comments <sup>3</sup>

- 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 lot is not approved for use, note corrective action taken in comment section.