

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

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

**PRE-DISPENSED RINSE SOLUTION CHECKS FOR HALF PINT, PINT, & QUART 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 <sup>2</sup>	Each Volume Checked 20±0.4 (≥ 19.6 ml or ≤ 20.4 ml)			Final pH Reading	Sterility Check Acceptable Y-Yes N-No	Prepared Lot Acceptable <sup>3</sup> 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.