



Facility/Laboratory Name: _____

DILUTION BLANK CHECKS

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

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

- 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. 10/19).
 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.