



Facility/Laboratory Name: _____

PRE-DISPENSED RINSE SOLUTION CHECKS FOR GALLON 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 ²	Each Volume Checked 100±2 (≥ 98 ml or ≤ 102 ml)			Final pH Reading	Sterility Check Acceptable Y-Yes N-No	Prepared Lot Acceptable ³ 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. 10/19).
 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.