



OPTICAL SOMATIC CELL COUNT RECORDS – Bentley Somacount

Facility Name: _____ Date : _____

Make/Model of Unit: _____ Serial # of Unit: _____

Laser Power; _____ mW PMT Voltage _____ mV Coli Temperature _____ °C

DI/MS water check (triplicate – must be zero): _____ / _____ / _____

Milk Standards (Circle one) :	Commercially prepared	Certified Provider	Lab onsite prepared
Name of Manufacturer			
Lot # / Date Prepared			
Expiration Date			
Date Received			
Temp. Received			
Receivers ID			
Preservative used			

DMSCC VALUES	100K-200K	300K-500K	600K-800K	900k-1.2M
Low Limit				
High Limit				
Count 1				
Count 2				
Count 3				
Average				

Time	Check Values	1	2	3	4	5	6	7	8	9	10	Avg.	C _v (≤5%)
	Zero												
	Repeatability												
	Zero												
	Hourly Check				Avg								
	Zero												
	Hourly Check				Avg								
	Zero												
	Hourly Check				Avg								

Start Time	Start Temp °C	Finish Time	Finish Temp °C	Total Time (<30 min)	# of samples	Analyst