

Laboratory Bench Sheet for Total Dissolved Solids SOP 105B

Analysis performed by: _____

Date & Time: _____ : _____
(24 hour format)

Station Inspection (before use - check appropriate box):

If spillage, was it cleaned up? Yes No None

Glassware/Filtration Apparatus was left dirty clean

Disposables were disposed? Yes No

Were unused samples left at station? Yes No

Comments:

Solids dried overnight? Yes No

Temperature (°C): Room = _____ Sample = _____

Dissolved Solids Data

Dish ID Number	Sample Description	Dish Mass (g)	Sample Volume (mL)	180 #1 Mass (g)	180 #2 Mass (g)	Mass Difference (mg)	180 #3 Mass (g)	Mass Difference (mg)