

Laboratory Bench Sheet for Total Suspended Solids SOP 105D

Analysis performed by: _____

Date & Time: _____ : _____
(24 hour format)**Station Inspection (before use - check appropriate box):**If spillage, was it cleaned up? ☐ Yes ☐ No ☐ NoneGlassware/Filtration Apparatus was left ☐ dirty ☐ cleanDisposables were disposed? ☐ Yes ☐ NoWere unused samples left at station? ☐ Yes ☐ No**Comments:**Dried overnight? ☐ Yes ☐ No

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

Total Suspended Solids Data

Filter ID Number	Sample Description	Filter Mass (g)	Sample Volume (mL)	103 #1 Mass (g)	103 #2 Mass (g)	Mass Difference (mg)	103 #3 Mass (g)	Mass Difference (mg)