**Municipal Water**

Lab Processing Form – Membrane Filtration

**Sample ID Sample Processing Date Sample Processing Time**

\_\_ \_\_ : \_\_ \_\_ \_\_\_

Hour Minute AM/PM

Day Month Year

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_ \_

**Neighborhood**

🞎 11. A

🞎 22. B

🞎 33. C

🞎 44. D

🞎 55. E

**Date and Time Placed in Incubator Date and Time Removed from Incubator**

\_\_ \_\_ : \_\_ \_\_ \_\_\_

Hour Minute AM/PM

Day Month Year

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_ \_

Day Month Year

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_ \_

\_\_ \_\_ : \_\_ \_\_ \_\_\_

Hour Minute AM/PM

*Fill in the following information in order of decreasing concentration. If you can record the E. coli count, indicate that the reading status is* ***Valid****. If you cannot record the E. coli count, indicate whether the E. coli is too numerous to count (****TNTC\*; > 200 E. coli for Membrane Filtration****) or the tray is too dirty to count (****TDTC\*\*****).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tray** | **Dilution (mL)** | **Volume**  **Tested (mL)** | **Reading Status** | ***E. coli* Count** |
| **Tray 1** | 🞎 Undiluted  🞎 1 : 10  🞎 1 : 102  🞎 1 : 103  🞎 1 : 104  🞎 1 : 105  🞎 1 : 106 | 🞎 1  🞎 10  🞎 100 | Valid  🞎  TNTC\*  🞎  TDTC\*\*  🞎 |  |
| **Tray 2** | 🞎 Undiluted  🞎 1 : 10  🞎 1 : 102  🞎 1 : 103  🞎 1 : 104  🞎 1 : 105  🞎 1 : 106 | 🞎 1  🞎 10  🞎 100 | Valid  🞎  TNTC\*  🞎  TDTC\*\*  🞎 |  |

*If a third dilution has been performed, complete the information for Tray 3. If not, leave Tray 3 blank.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tray** | **Dilution (mL)** | **Volume**  **Tested (mL)** | **Reading Status** | ***E. coli* Count** |
| **Tray 3** | 🞎 Undiluted  🞎 1 : 10  🞎 1 : 102  🞎 1 : 103  🞎 1 : 104  🞎 1 : 105  🞎 1 : 106 | 🞎 1  🞎 10  🞎 100 | Valid  🞎  TNTC\*  🞎  TDTC\*\*  🞎 |  |

**Lab Operator Name**

**Notes**

**Did you take a picture?**

🞎 Yes

🞎 No