Report on bottled water operation for		For month of	10
Name of Bottler	4		19
Address: Number, Street (C	County), State		

*See Instructions on reverse side

							BA	CTER	IOLOG	CAL S	SAMPLE	ES			*********	******	*********	**********	
	~~~~~			PR	OCESS	CONTR	OL	······································			······································	······································	FINISH	ED BO	TTLED	WATER			***************************************
Date Daily Production (Gallons)	Production	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliforn
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DOH-357	(6/92)
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Describe treatment	and	anv	variation
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Source	of	Viggus	used	this	month

Month's production	Container Size	How Many	Single Use (check	Reusable
	Gallons			
*	Half Gallons			
	Quarts			
	Other (specify)			11/1/4
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Comments

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- 1) PLATE COUNT Bacteria per milliliter, agar @ 37 C for 24 hours.
- 2) COLIFORM organisms Most Probable Number (MPN) per 100 milliliters

Millipore Filter Method ______
Multiple Tube Method _____

- 3) PROCESS CONTROL means bacteriological quality at various stages of treatment such as "untreated,"
  - "post carbon filter" or "post ozonation." Indicate sample location at top of column.

4) FINISHED BOTTLED WATER - means bacteriological quality of water in actual containers for consumer consumption.

Samples must be representative of full day's production.

FOR FURTHER INFORMATION REFER TO
CHAPTER I STATE SANITARY CODE
PART 5, SUBPART 5-6
BOTTLED AND BULK WATER STANDARDS
available from New York State Department of Health