



Log Sheet



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Employee Name: _____

Date Test Performed: _____

Media Lot Exp. Date: _____

Container Number	Hood Number	Incubation Temp.	Length of Incubation*	Result: Growth/No Growth	Interpretation: Pass/Fail	Notes/Corrective Action: (Attach additional pages if necessary)
1						
2						
3						
4						
5						
6						

**Recommended length of incubation is 14 days for negative cultures.*

Supervisor Signature: _____

Date: _____