

Laboratory Bench Sheet for Hardness SOP 104A

Analysis performed by: _____

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

Station Inspection (before use - check appropriate box):

If spillage, was it cleaned up? ☐ Yes ☐ No

Glassware was left ☐ dirty ☐ clean

Disposables were disposed? ☐ Yes ☐ No

Buffer Solution Preparation Date: _____

Precipitates in: Buffer Solution? ☐ Yes ☐ No

Inhibitor-II Solution? ☐ Yes ☐ No

Comments:

[illegible]EDTA Titrant: _____ mg CaCO₃/mL

Inhibitor-II added? ☐ Yes ☐ No

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

Hardness Data

[illegible]