

Ceriodaphnia dubia ACUTE TOXICITY TEST REPORT FORMAT

IWC = _____ ☐ Pass ☐ Fail

FACILITY INFORMATION & REQUIREMENTS

PERMITTEE NAME	NPDES PERMIT #
HAS THE PERMITTEE SUPPLIED A COPY OF THE NPDES PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE PERMIT PROVIDED THE MOST CURRENT? WHAT IS THE EXPIRATION DATE OF THE PERMIT? _____ PERMIT SPECIFIES <input type="checkbox"/> MONITORING ONLY <input type="checkbox"/> LIMITATIONS (if limitations, limits specified in permit?) _____ SPECIES SPECIFIED IN PERMIT? <input type="checkbox"/> <i>Ceriodaphnia dubia</i> <input type="checkbox"/> <i>Pimephales promelas</i> <input type="checkbox"/> <i>Daphnia magna</i> <input type="checkbox"/> Not specified (one data sheet for each species) TEST TYPE(S) SPECIFIED IN PERMIT? <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC <input type="checkbox"/> ACUTE AND CHRONIC (one data sheet for each test and species) LENGTH OF TEST SPECIFIED IN PERMIT? <input type="checkbox"/> 24-HR <input type="checkbox"/> 48-HR <input type="checkbox"/> 96-HR <input type="checkbox"/> Not specified TYPE OF TEST SPECIFIED? <input type="checkbox"/> STATIC <input type="checkbox"/> STATIC-RENEWAL <input type="checkbox"/> Not specified IS DILUTION WATER SPECIFIED IN THE PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not specified (if yes, what is specified?) _____ IS A DILUTION SERIES SPECIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, what are the specified dilutions?) _____ SAMPLE TYPE SPECIFIED IN PERMIT? <input type="checkbox"/> GRAB <input type="checkbox"/> COMPOSITE <input type="checkbox"/> Not specified	

LABORATORY SAMPLE INFORMATION UPON ARRIVAL & TEST INFORMATION

SAMPLE COLLECTION DATES & TIMES / / ____:____am/pm TO / / ____:____am/pm		TEST DATES WITH START & END TIMES / / ____:____am/pm TO / / ____:____am/pm	
TEST DURATION PERFORMED? 24 / 48 HR	TEST TYPE PERFORMED? STATIC / STATIC-RENEWAL	SAMPLE RECEIVED? GRAB/COMPOSITE	OUTFALL #?
TEMPERATURE _____°C	TOTAL RESIDUAL Cl _____ mg/l	HARDNESS _____ mg/L CaCO ₃	AMMONIA _____ mg/l as N
CONDUCTIVITY _____	D.O. _____	OTHER _____	OTHER _____

LABORATORY ALTERATIONS PRIOR TO TEST

WAS SAMPLE DECHLORINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE DECHLORINATION (if any)
WAS SAMPLE FILTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO FILTER SIZE?	WAS pH ADJUSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS RECEIVED SAMPLE AERATED?	OTHER ADJUSTMENTS? (if any, describe)

TEST ORGANISM INFORMATION

<i>Ceriodaphnia dubia</i> (<i>Daphnia magna</i> if approved) AGE? FROM INDIVIDUAL CULTURE OR MASS CULTURE?	
HAVE ORGANISMS BEING USED PERFORMED SUCCESSFULLY IN THE MONTHLY ACUTE REFTOX? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS MONTHLY REFTOX MET CONTROL CHART PARAMETERS? <input type="checkbox"/> YES <input type="checkbox"/> NO

TEST SET-UP

IDENTIFY THE DILUENT (O ₁) CONTROL (receiving water recommended) _____ (if used) IDENTIFY THE SECONDARY (O ₂) CONTROL (MHRW recommended unless receiving water characteristics differ) _____	IDENTIFY DILUTIONS USED: CONTROL 12.5% 25% 50% 75% 100%	EFFLUENT --- 62.5 mL 125 mL 250 mL 375 mL 500 mL	DILUENT 500 mL 435.5 mL 375 mL 250 mL 125 mL ---
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TEST RESULTS

SURVIVAL MEASUREMENTS							
DILUTIONS	O ₁	O ₂ (if used)	12.5%	25%	50%	75%	100%
# AT START OF TEST?	#/20	#/20	#/20	#/20	#/20	#/20	#/20
# ALIVE AT 24 HOURS?	#/20	#/20	#/20	#/20	#/20	#/20	#/20
# ALIVE AT 48 HOURS?	#/20	#/20	#/20	#/20	#/20	#/20	#/20
PERCENT SURVIVAL							
TEMPERATURE MEASUREMENTS							
DILUTIONS	O ₁	O ₂ (if used)	12.5%	25%	50%	75%	100%
MAX/MIN TEMPERATURE IN °C	/	/	/	/	/	/	/
D.O. MEASUREMENTS							
DILUTIONS	O ₁	O ₂ (if used)	12.5%	25%	50%	75%	100%
MAX/MIN D.O IN mg/L	/	/	/	/	/	/	/
pH MEASUREMENTS							
DILUTIONS	O ₁	O ₂ (if used)	12.5%	25%	50%	75%	100%
MAX/MIN pH IN s.u	/	/	/	/	/	/	/
CONDUCTIVITY MEASUREMENTS							
DILUTIONS	O ₁	O ₂ (if used)	12.5%	25%	50%	75%	100%
MAX/MIN IN mS/cm	/	/	/	/	/	/	/
CO ₂ MEASUREMENTS (if used)							
DILUTIONS	O ₁	O ₂ (if used)	12.5%	25%	50%	75%	100%
MAX/MIN AS CALCULATED	/	/	/	/	/	/	/

DATA ANALYSIS

METHOD USED TO CALCULATE THE LC ₅₀ ? <input type="checkbox"/> GRAPHICAL <input type="checkbox"/> SPEARMAN-KARBER <input type="checkbox"/> TRIMMED SPEARMAN-KARBER <input type="checkbox"/> PROBIT <input type="checkbox"/> OTHER _____		HOW WERE ANY OUTLIERS REMOVED FROM CALCULATION? (describe)
<i>Ceriodaphnia dubia</i> 48-HOUR LC ₅₀ _____ 48-HOUR TU _a _____		
DESCRIBE ANY DEVIATIONS FROM TEST METHODS OR APPROVED MODIFICATIONS ADMINISTERED (e.g. pH-overlay used and how administered, D.O. issues, aeration used, temperature issues, holding time issues, etc.)		
ANALYST(S)		QA OFFICER