

Pimephales promelas CHRONIC TOXICITY TEST REPORT FORMATIWC = _____ ☐ 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?) _____	
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)	
SPECIES SPECIFIED IN PERMIT? <input type="checkbox"/> <i>Ceriodaphnia dubia</i> <input type="checkbox"/> <i>Pimephales promelas</i> <input type="checkbox"/> Not specified (one data sheet for each species)	
LENGTH OF TEST SPECIFIED IN PERMIT? <input type="checkbox"/> 60% SURVIVAL <input type="checkbox"/> THREE BROOD SUCCESS <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	
SAMPLE DAYS REQUIRED IN PERMIT? _____	

LABORATORY TEST & SAMPLE INFORMATION

SAMPLE 1 COLLECTION DATES & TIMES / / ____:____am/pm TO / / ____:____am/pm		TEST SOLUTION INITIATION DATES WITH START & END TIMES / / ____:____am/pm TO / / ____:____am/pm	
SAMPLE 2 COLLECTION DATES & TIMES / / ____:____am/pm TO / / ____:____am/pm		TEST SOLUTION RENEWAL DATES WITH START & END TIMES / / ____:____am/pm TO / / ____:____am/pm	
SAMPLE 3 COLLECTION DATES & TIMES / / ____:____am/pm TO / / ____:____am/pm		TEST SOLUTION RENEWAL DATES WITH START & END TIMES / / ____:____am/pm TO / / ____:____am/pm	
WERE THREE SAMPLES SENT ON DAYS 1, 3, & 5? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE HOLDING TIMES MET FOR ALL 3 SAMPLES RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SAMPLES RECEIVED? GRABS / COMPOSITES	OUTFALL #?
TEMPERATURE ____°C ____°C ____°C	TOTAL RESIDUAL Cl ____ mg/l ____ mg/l ____ mg/l	HARDNESS ____ mg/L CaCO ₃ ____ mg/L CaCO ₃ ____ mg/L CaCO ₃	AMMONIA ____ mg/l as N ____ mg/l as N ____ mg/l as N
CONDUCTIVITY _____ _____ _____	D.O. _____ _____ _____	OTHER _____ _____ _____	OTHER _____ _____ _____

LABORATORY ALTERATIONS PRIOR TO TEST

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

TEST ORGANISM INFORMATION

<i>Pimephales promelas</i>	
ARE ORGANISMS CULTURED IN-HOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE ORGANISMS USED <24-HRS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE <i>Pimephales promelas</i> PERFORMED SUCCESSFULLY IN THE MONTHLY CHRONIC REFTOX? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS MONTHLY CHRONIC 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) _____	DILUTIONS USED: CONTROL 12.5% 25% 50% 75% 100%	EFFLUENT - - - 150 mL 300 mL 600 mL 900 mL 1200 mL	DILUENT 1200 mL 1050 mL 900 mL 600 mL 300 mL - - -
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TEST RESULTS
SURVIVAL & REPRODUCTION MEASUREMENTS (dry weights per original / no. per surviving) (example numbers provided)

	SURVIVAL PROPORTION				MEAN	DRY WEIGHT				MEAN
	a	b	c	d		a	b	c	d	
CONTROL	1.0	1.0	0.9	0.9	0.95	0.711	0.662	0.646	0.690	0.677
12.5	0.8	0.8	1.0	0.8	0.85	0.517	0.501	0.723	0.560	0.575
25	0.9	1.0	1.0	1.0	0.975	0.602	0.669	0.694	0.676	0.660
50	0.9	0.9	0.8	1.0	0.90	0.566	0.612	0.410	0.672	0.565
75	0.7	0.9	1.0	0.5	0.775	0.455	0.502	0.606	0.254	0.454
100	0.4	0.3	0.4	0.2	0.325	0.143	0.163	0.195	0.099	0.150

COMMENTS:

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	/	/	/	/	/	/	/

CO2 MEASUREMENTS (if used)

DILUTIONS	O ₁	O ₂ (if used)	12.5%	25%	50%	75%	100%
MAX/MIN AS CALCULATED	/	/	/	/	/	/	/

DATA ANALYSIS

METHODS USED TO CALCULATE THE IC25? <input type="checkbox"/> GRAPHICAL <input type="checkbox"/> SPEARMAN-KARBER <input type="checkbox"/> TRIMMED SPEARMAN-KARBER <input type="checkbox"/> PROBIT <input type="checkbox"/> LINEAR INTERPOLATION METHOD <input type="checkbox"/> OTHER	HOW WERE ANY OUTLIERS REMOVED FROM CALCULATION? (describe)
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Pimephales promelas

 SURVIVAL IC25 _____ TUc _____ NOEC (if calculated) _____ LOEC (if calculated) _____
 REPRODUCTION IC25 _____ TUc _____ NOEC (if calculated) _____ LOEC (if calculated) _____

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
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