# W-TOC Calibration
# Standard Recovery Sheet



Analyst: _____ Date and Initial: _____

Analysis: _____ Method: SM 5310 B

Filename: _____ SOP: _____

Instrument ID: _____ Reviewer: _____

*Complete fields above and below, print sheet. Initial sheet and submit with analysis file.*

TOC calculations sheet: Fill in green cells with results from TOC calibration

| | | Expected Concentration | Mean Area | Calculated Concentration | % Recovery | Results Acceptable |
|---|---|---|---|---|---|---|
| Slope = M | | **0** | | #DIV/0! | | #DIV/0! |
| Intercept + b | | **0.8** | | #DIV/0! | #DIV/0! | #DIV/0! |
| Concentration = x | | **1** | | #DIV/0! | #DIV/0! | #DIV/0! |
| Area = y | | **5** | | #DIV/0! | #DIV/0! | #DIV/0! |
| | | **20** | | #DIV/0! | #DIV/0! | #DIV/0! |
| | | **100** | | #DIV/0! | #DIV/0! | #DIV/0! |