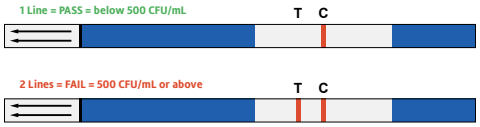
FASTCheck15™
In-Office Water Test Strip



Water Testing Log

Name of Practice/Location #:

Address:	City, State, ZIP:
Daily Treatment Product:	Shock Protocol Frequency:

SAMPLE / TEST DATE	TESTER'S NAME	DENTAL UNIT/ LOCATION (Room/Chair/ Operatory)	DEVICE SAMPLED	RESULTS Pass	RESULTS Fail	CORRECTIVE ACTION
			❍ AW Syringe ❍ Source Water ❍ Scaler ❍ Handpiece ❍ Combined ❍ Cavitron			
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Need Support? Our Sterisil® Water Safety Specialists are always here to help.
Call: 877-207-1551, Option 1 or Email: SterisilSupport@Solmetex.com