



Name of Practice/Location #:

Water Testing Log

CORRECTIVE ACTIONS:

0–200 = PASS None required

201–499 = CAUTION Shock lines per IFU and reevaluate technique

500+ = FAIL Shock lines per IFU to inhibit bacteria growth, repeat technique, and retest before operatory use



Address:				City, State, ZIP:			
Daily Treatment Product:				Shock Protocol Frequency:			
SAMPLE DATE	TESTER'S NAME	DENTAL UNIT/ LOCATION (Room/Chair/ Operatory)	DEVICE SAMPLED		DATE OF RESULTS	MICROBIAL COUNT (Refer to colony counting chart)	CORRECTIVE ACTIONS TAKEN (See chart above)
			☐ AW Syringe ☐ Source Water ☐ Scaler ☐ Handpiece ☐ Combined				
			☐ AW Syringe ☐ Source Water ☐ Scaler ☐ Handpiece ☐ Combined				
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☐ AW Syringe ☐ Source Water ☐ Scaler

□ AW Syringe □ Source Water □ Scaler

 \square AW Syringe \square Source Water \square Scaler

☐ Handpiece ☐ Combined

☐ Handpiece ☐ Combined

☐ Handpiece ☐ Combined