



FASTCheck15™ FAQ



Q: Is an in-office test accurate enough?

When conducted properly, screening methods like FASTCheck15™ or HPC Paddle tests are in-office tests that meet the need for routinely assessing bacteria content in effluent handpiece water. If a pattern of failures persists, a mail-in lab test can be used to provide greater detail on microbial levels, and water chemistry, to inform the next course of action. If you're still having trouble contact customer support. We're here to help.

Q: Do I fill the vial with our water sample to the line marker that appears on the vial?

No!! Only place 5 drops of sample water, using the pipette provided, into the test vial. Placing more than 5 drops will dilute the sample and lead to an inaccurate result. Only place 5 drops into the vial. Overfilling the vial will likely result in no lines appearing on the test strip, which indicates that the test did not function properly. Always refer to the instructions for use (IFU).

Q: What's a "pooled sample?"

Pooling is a method of combining water samples from multiple handpieces/lines in the same chair in a single sample for testing. "Pooling" samples is a reasonable method if one sample represents a single dental unit. (Do not combine samples from different units.) If a test fails, it is important to shock the entire dental unit. When shocking and maintaining the unit, all lines must be treated.

Q: It's been 15 minutes and I don't see anything. Why?

If you do not see the control line appear after 15-20min, the test did not work for some reason. Review the test instructions for use. Mistakes happen. Potential reasons for the test not working include:

- Placing more than 5 drops of water dispensed from the pipette provided. This results in an over-diluted sample.
- Not swirling the water sample in the vial. This is essential to ensure the reagent in the vial is sufficiently mixed into your water sample.
- Not conducting the 5 and 10 minute steps at the prescribed time. It's very important to conduct the steps at the times indicated in the instructions. Missing the timing by a couple of minutes or more can prevent an accurate result. **Always set a timer!**
- Be sure you're reading the results under sufficient lighting. If you are repeatedly getting inconclusive results, contact Sterisil / Solmetex customer support.

Q: Do we need to use a neutralizer?

Unlike some HPC "paddle" tests, FASTCheck15™ does not require a neutralizer. It uses a completely different technology that provides an accurate assessment in real-time without waiting for incubation.

Q: How often should we test our waterlines?

Sterisil recommends testing monthly using the FASTCheck15™ in office waterline test. OSAP recommends monthly testing until two successive passing results are obtained, then at least quarterly. These guidelines were developed before new technologies such as FASTCheck15™ were available. FASTCheck15™ has changed the game by providing dramatically faster results that enable immediate action that's never been possible before. Sterisil recommends testing monthly using the FASTCheck15™ in office waterline test. And because it is easy and more affordable than other tests, it provides a way to be aware, be proactive, and address problems before they get worse. Bacteria duplicates every 4-20 minutes and can exceed the <500 CFU/ml EPA drinking water standard within hours in untreated lines. Monthly testing is now practical and affordable. Testing is knowing.

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Q: What if I get a failure?

Per established OSAP Guidelines, a dental unit that fails a waterline test should be shocked and retested (with the same test method). If you fail again, confirm you are conducting the sampling and testing according to the instructions for use. OSAP Guidelines call for shocking / cleaning the lines again before treating patients, and testing until a passing test is achieved. If two successive testing failures occur, Sterisil recommends conducting a mail-in R2A lab testing to obtain a more specific CFU count and for assessment of water chemistry for troubleshooting the potential source of the repeated failures. If you need more help consult with your Sterisil Water Safety Specialist or contact Sterisil customer support.

Visit the Water Testing page at our customer portal *My Solutions Center*. There you can log your test results where they can be archived, analyzed, and used to support your ongoing waterline infection control efforts.

Q: We can't pass a test no matter what we do. Now what?

Are you certain that you're following your product IFUs, for both treatment and testing? IFU's vary widely depending on the products being used. Shock/clean your waterlines thoroughly. Most cases of repeated failures are due to biofilm accumulation that if significant, may not be successfully removed by simply shocking the lines. If you're failing multiple mail-in tests you probably have a biofilm problem that will require more intensive cleaning with an approved dental unit waterline cleaner. We do not recommend bleach as it is known to be corrosive to metal parts and over time will damage handpieces, valves and the many metal parts within the dental unit, and downstream it can do the same damage to your vacuum. It is known to interfere with proper operation of your Amalgam Separator and will void your product warranty.

Q: Why do you recommend waiting for 5 days to re-test waterlines after a test failure (and shock)?

The cause of test failure is bacteria in effluent water that is released from biofilm that has attached to the surface of the waterlines and handpieces. This is why experts will tell you: "your water isn't the problem, it's your waterlines". Shocking kills the floating bacteria in the water, however it may not completely remove biofilm. Biofilm is very difficult to completely remove, and after shocking it gradually returns to releasing bacteria into your water. Testing immediately after shocking may not tell you the health of your waterlines, it will tell you that you removed the floating bacteria, which could repopulate from any residual biofilm within a few days. That's why leading experts recommend waiting several days or ideally a week to retest following shocking your lines. By doing so, and adopting a monthly Test + Shock regimen, you have a much better chance of being successful in managing the health of your waterlines.

Q: Does FASTCheck15™ detect fungi or viruses?

FASTCheck15™ does not detect fungi or viruses because bacteria are the dominant challenge to maintaining safe, clean water and dental unit waterlines. Bacteria forms biofilm which becomes the persistent problem that needs to be treated and removed with shocking and line cleaning. FASTCheck15™ is designed to provide the quickest, most accurate way to know the microbial burden within your waterlines so you can take quick, decisive action.

Q: Is testing waterlines for specific organisms necessary?

Per the CDC, "because methods used to treat dental water systems target the entire biofilm, no rationale exists for routine testing for such specific organisms as Legionella or Pseudomonas, except when investigating a suspected waterborne disease outbreak."

Q: FASTCheck15™ doesn't indicate microbial levels below 500CFU/mL. We want to know before we're over the limit.

Being proactive in monitoring your microbial levels is absolutely the right way to approach waterline management. FASTCheck15™ is a screening tool designed to provide a pass/fail indication to the EPA standard of 500CFU/mL. By being proactive with frequent regular testing, you can establish a record of monthly passed tests or act immediately when you fail a test. By adopting a monthly Test + Shock regimen, you limit biofilm formation and have control before your CFU count exceeds 500. If persistent failures occur and you want an exact bacterial count, we recommend using our Sterisil R2A mail-in lab test. This combination will enable you to have information that's fast and thorough, with a protocol that is easy and affordable.

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