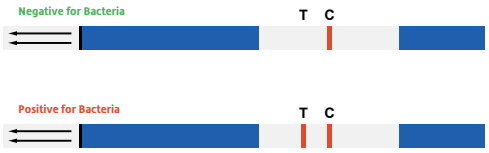
STERISIL®

FASTCheck 15™

In-Office Water Test Strip



Water Testing Log

Name of Practice/Location #:

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	RESULTS Pass	RESULTS Fail	CORRECTIVE ACTIONS TAKEN (See chart above)
			❍ AW Syringe ❍ Source Water ❍ Scaler ❍ Handpiece ❍ Combined ❍ Cavitron				
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