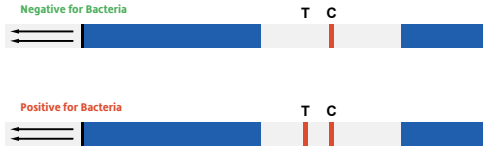




# FASTCheck15<sup>TM</sup>

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