



Water Testing Log

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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



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	MICROBIAL COUNT (Refer to colony counting chart)	CORRECTIVE ACTIONS TAKEN (See chart above)
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