WATERLINE TESTING LOG

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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