**Dental Unit Water Line Test and Maintenance Log**

Name of Practice/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Activity/Action** | **Result** | **Response** | **Completed By** |
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**Guide:** 0-200 CFU/ml - pass 201-500 CFU/ml – caution (shock indicated)

>501 CFU/ml – failure (shock indicated)

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| **Date** | **Activity/Action** | **Result** | **Response** | **Completed By** |
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