MyCheck™
WATERLINE TESTING LOG

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)
			☐ AW Syringe ☐ Source Water ☐ Scaler ☐ Handpiece ☐ Combined			
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