



Waterline Testing Paddles

Name of Practice/Location #:	Address:	City, State, ZIP:
Daily Treatment Product:	Shock Product:	Shock Frequency:

SAMPLE DATE	TESTER'S INITIALS	CHAIR NAME	SAMPLE TYPE	WATERLINES SAMPLED	DATE OF RESULTS	MICROBIAL COUNT (Refer to colony counting chart)
			<input type="checkbox"/> Single-Source <input type="checkbox"/> Multi-Source	<input type="checkbox"/> Scaler <input type="checkbox"/> A/W Syringe <input type="checkbox"/> Handpiece		
			<input type="checkbox"/> Single-Source <input type="checkbox"/> Multi-Source	<input type="checkbox"/> Scaler <input type="checkbox"/> A/W Syringe <input type="checkbox"/> Handpiece		
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