

Documentation Chart

Dental Ultrasonic Cavitation Test Result Log Form

Institution _____

Chart N° _____

Dental Cavitation Test

Routine Periodic

Date _____ | Hour _____:_____:_____ | Cycle N° _____ | Operator _____ | Signature _____

TIME _____ min.	TEMP _____ °C.	INDICATOR LOT NUMBER _____	Write down the test result according to the position of the indicator inside the washing machine ✓ ✗. _____	<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>												

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