

# Water Test Protocol / Record

Protocol for documenting and recording dental unit waterline compliance. To meet AS drinking water standards water quality must be below 200 CFU/m for when treating immune compromised patients.

Sampling location (room) .....

Sample No. .... Date .... / .... / ..... Time ..... am/pm

## Treatment Unit:

Name .....

## Input Water Quality

Please take sample from input supply e.g. tap water bottle is filled from

Sampling location ..... Sample No. ....

Date..... / ..... / ..... Time ..... am/pm

## Decontamination agent for procedural water: e.g. ICX tabs, dentapure, bioclear daily

Used up to now / Manufacturer .....

Regular maintenance of treatment by: Dental dealer / Manufacturer .....

## Place of sampling water: Please Tick (✓)

- |   |  |
|---|--|
| <input type="checkbox"/> Tumbler Filler                           | <input type="checkbox"/> Multifunction syringe (Dentist) |
| <input type="checkbox"/> Multifunction syringe (Assistant)        |  |
| <input type="checkbox"/> Turbine                                  |  |
| <input type="checkbox"/> Motor 1 <input type="checkbox"/> Motor 2 |  |
| <input type="checkbox"/> Scaler Device                            |  |
| <input type="checkbox"/> Mixed sample dentist side                | <input type="checkbox"/> Mixed sample assistant side     |

## Sampling by: Please Tick (✓)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Staff member | <input type="checkbox"/> Technician/Sales Representative |
|---------------------------------------|--|

Name..... Signature.....

## Result: Please Tick (✓)

This result (Colony-forming Units - CFU) is based on the exact procedure according to the product information

- |                                 |   |   |   |
|---------------------------------|---|---|---|
| <input type="checkbox"/> No CFU | <input type="checkbox"/> Less than 200 CFU/mL | <input type="checkbox"/> Less than 500 CFU/mL | <input type="checkbox"/> More than 500 CFU/ml |
|---------------------------------|---|---|---|

Test result determined Date .... / .... / ..... Time ..... am/pm No.of days after sampling .....

- |                                    |                                   |   |
|------------------------------------|-----------------------------------|---|
| <b>Evaluation:</b> Please Tick (✓) | <input type="checkbox"/> Negative | <input type="checkbox"/> Shock treatment required |
|------------------------------------|-----------------------------------|---|