

Water Test Protocol / Record

Protocol for documenting and recording dental unit waterline compliance. To meet NZ 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

Name of decontamination agent for procedural water: (e.g. Dentapure cartridge, Bioclear Daily)

Brand Name

Place of sampling water: Please Tick (✓)

- | | |
|---|---|
| <input type="checkbox"/> Tumbler Filler | |
| <input type="checkbox"/> Multifunction syringe (Dentist side) | <input type="checkbox"/> Multifunction syringe (Assistant side) |
| <input type="checkbox"/> Turbine (Highspeed line) | |
| <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

- No CFU Less than 200 CFU/mL Less than 500 CFU/mL More than 500 CFU/ml

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

Evaluation: Please Tick (✓) Negative Shock treatment required