

maxill u·test[®]

Ultrasonic Cleaning Indicators

Cleaning & Solution Changing & Test Log

Dental Office: _____ Ultrasonic Bath ID: _____

Adhere Benchmark Cleaning Indicator Here

Indicator Evaluation Date: YYYY-MM-DD

Test Settings: _____

(Please note the settings used when determining indicator type: Duration of Test, Temperature, Cycle, Cleaning Solution, Location of Indicator in Bath)

