maxill
CONTINUING EDUCATION

Ultrasonic Bath:
Cleaning, Solution Changing & Test Log

Dental Office: _____

IPAC Rep: _____

Ultrasonic Bath#:

◯ 1 ◯ 2 ◯ 3 ◯ 4

(each bath requires its own logging form)

Date	Cleaning & Disinfecting of Bath	Solution Filled in am	Solution Emptied in pm	*Extra Solution Change	Strip Test	Strip Test Results Pass or Fail	Initials

*Best practice for optimal efficacy indicates changing the enzymatic solution midday, especially for large practices processing a high volume and/or soiled surgical instruments.

Please contact your maxill representative for any questions - **1-800-268-8633**