

BacTerminator® Dental/ BacTerminator® Dental Compact weekly test

Name of praxis:

Date of installation:

Serial number:

BacTerminator® Dental/ BacTerminator® Dental Compact

Adress:

Name of technician:

Last maintained (date): By (technician):

Country:

Room number:

Exchange of Prefilter (Date):

Name of responsible clinician:

Mrs. Ms. Mr.

Test due after sanitation process

Date	Confirmation of Free chlorine	Chlorine Level	Signature

