Niagara Region

# Ultrasonic Log Sheet

Niagara Region
Public Health
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| **Solution changed and degassed** (daily) | **Efficacy Test** (weekly) | | **Date** (mm/dd/yyyy) | **Initials** |
|---|---|---|---|---|
| ◯ | ◯ pass | ◯ fail | | |
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***NOTES:***

1. *Manufacturer's instructions for ultrasonic equipment are to be onsite and easily accessible.*
2. *Always follow the manufacturer's instructions when using the ultrasonic equipment. Keep the lid closed to prevent aerosolizing solution.*
3. *Do not overload the chamber or stack the instruments.*
4. *Rinse items manually in a separate sink after ultrasonic cleaning.*