[Name of Dental Practice] [How to use templates](https://www.psm.sdcep.org.uk/templates/how-to-use-templates/)

[Date]

# X-ray Machine Routine Testing and Maintenance

Type of Machine:

Location:

Model & Manufacturer:

Serial number:

KV rating:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Test**  e.g. routine testing, safety testing, maintenance | | | | **Scheduled frequency**  e.g. every six months, year, 3 years | | | |
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| **Date of test** | **Type of test** | **Test carried out by** | | **Action required** | **Date action completed** | **Date next test due** | |
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Testing and maintenance reports and any repair slips should be kept with this record.

**Notes:**

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