*[Example: consult Manufacturer’s Instructions for specific checks and tests relating to your machine and adapt if required]*

SHEET NUMBER\_\_\_\_\_ MONTH COMMENCING\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SHEET END DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Ultrasonic Cleaner Test Record

Ultrasonic serial number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily housekeeping - week commencing \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Cycle number | Pass/Fail  & Initials | Check Strainers and filters | Degas  Session 1 | Degas  Session 2 | Solution Changed  Session 1\* | Solution changed Session 2\* | Extra  Solution  change |
| Mon |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Daily housekeeping - week commencing \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Cycle number | Pass/Fail  & Initials | Check Strainers and filters | Degas  Session 1 | Degas  Session 2 | Solution Changed  Session 1\* | Solution changed Session 2\* | Extra  Solution  change |
| Mon |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
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**Daily housekeeping - week commencing \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Cycle number | Pass/Fail  & Initials | Check Strainers and filters | Degas  Session 1 | Degas  Session 2 | Solution Changed  Session 1\* | Solution changed Session 2\* | Extra  Solution  change |
| Mon |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\* The reservoir is drained at the end of each session and sooner if it is visibly soiled.

# Ultrasonic Cleaner Test Record

Ultrasonic serial number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily housekeeping - week commencing \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Cycle number | Pass/Fail  & Initials | Check Strainers and filters | Degas  Session 1 | Degas  Session 2 | Solution Changed  Session 1\* | Solution changed Session 2\* | Extra  Solution  change |
| Mon |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
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**Daily housekeeping - week commencing \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Cycle number | Pass/Fail  & Initials | Check Strainers and filters | Degas  Session 1 | Degas  Session 2 | Solution Changed  Session 1\* | Solution changed Session 2\* | Extra  Solution  change |
| Mon |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |
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| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\* The reservoir is drained at the end of each session and sooner if it is visibly soiled.

**Additional Weekly Testing (as specified by manufacturer)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Cycle number | Cleaning Efficacy | Pass/Fail | Signature |
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Next Maintenance by Test Person/Foil Ablation Test by Operator/User due \_\_\_\_\_\_\_\_\_\_\_\_\_

Next Cleaning efficacy by residual soil test (TP/Operator/User) due \_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly Maintenance and Validation by Test Person due \_\_\_\_\_\_\_\_\_\_\_\_\_

**Version history**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Version No.** | **Summary of change(s)** | **Updated by** | **Next review date** |
|  |  |  |  |  |
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