**Durchführung von Routineprüfungen am Ultraschallbad nach Herstellerangaben und deren Dokumentation**

Hersteller: Gerätebezeichnung:

(Beispiele: Die Angaben aus der Arbeitsanweisung „Routineprüfungen an den Aufbereitungsgeräten“ sind hier einzufügen!)

|  |  |  |  |
| --- | --- | --- | --- |
| **Welche Routineprüfung wird durchgeführt?** | **Prüfung erfolgreich?** | **Datum:** | **Unterschrift** |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  | Alufolientest | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |
| [ ]  |  | [ ]  | Ja | [ ]  | Nein |  |  |