

Documentation Sheet for all ***gke Clean-Record***[®] cleaning indicators for ultrasonic baths



Hospital/Clinic: _____ Department: _____ City: _____
 Manufacturer: _____ Unit No: _____ Type: _____

Date: _____	Batch No: _____	Adhere cleaning indicator here: Lot No. of indicator: _____	
Fixation of indicator: <input type="checkbox"/> gke Clip Holder <input type="checkbox"/> horizontally <input type="checkbox"/> vertically <input type="checkbox"/> other location: _____	Cleaning detergent: Manufacturer: _____ Product name: _____ Best before: _____ Concentration: _____		
Approval: <input type="checkbox"/> yes <input type="checkbox"/> no Checked by: _____ Responsible person			

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Approval: <input type="checkbox"/> yes <input type="checkbox"/> no Checked by: _____ Responsible person			

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Comments:

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