

**HOSPITAL-CLINIC :**

**Department :**

**Week from.....to.....**

Date	Nb of cycles	D.1	D.2	D.3	D.4	D.5	D.6	W.1	W.2	W.3	W.4	M.1	Y.1	Y.2	P.S.1	Filters. Changes			Revision	Servicing	Comments / Use-by date	Operator signature	
																0,2 µm water	0,2 µm air	Pre-filters					

Signature of the responsible supervisor :

Comments :