

Testing Log Sheet

Testing venue: _____ Product use: _____ Date (start): _____

Person-in-charge: _____ Type of cooling system: _____ Date (end): _____

| Week | Slime | Dirt/Dust | Algae | Mold | Odor | Effective area |
|------|-------|-----------|-------|------|------|----------------|
| 0 | | | | | | X |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Rate the ability of Ion-matrix® in controlling the following parameters, (5: excellent/ complete eradication of problem and 1: poor/no improvement in condition.)

1. Slime (1) (2) (3) (4) (5)
2. Dirt/Dust (1) (2) (3) (4) (5)
3. Algae (1) (2) (3) (4) (5)
4. Mold (1) (2) (3) (4) (5)
5. Odour (1) (2) (3) (4) (5)

| | |
|---|---|
| <p>Tested by:</p> <p>_____ Name and Signature</p> | <p>Verified by:</p> <p>_____ Name and Signature</p> |
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