Clinic Name_____

Month/Year _____		Quality Control Chart																													
DMAX	3.9																														
	3.7																														
	3.5																														
	3.3																														
	3.1																														
	2.9																														
	2.7																														
	2.5																														
Contrast Range	1.9																														
	1.7																														
	1.5																														
	1.3																														
Speed Step	1.2																														
	1.0																														
	0.8																														
Base Density	0.8																														
	0.6																														
	0.4																														
	0.2																														
	0.0																														
Day		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Developer Temp																															

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