



Dental Equipment Maintenance Checklist: Calibration & Repairs

 Show only Checklist

Display Style
Default 

Daily Visual Inspection

Quick checks for obvious damage, leaks, or unusual wear.

Handpiece Serial Number

Write something...

Water Pressure (PSI)

Enter a number...



Air Compressor Noise Level

- ☐ Normal
- ☐ Slightly Elevated
- ☐ Excessive

Check for Leaks

- ☐ Air
- ☐ Water
- ☐ Lubricant

Notes/Observations

Write something...

Weekly Calibration & Functionality Tests

Regular checks of accuracy and performance according to manufacturer guidelines.

Handpiece RPM Calibration

Enter a number...

X-Ray Machine mA Calibration

Enter a number...

X-Ray Machine kVp Calibration

Autoclave Cycle Validation (Biological Indicator)

☐ Pass☐ Fail

Ultrasonic Scaler Frequency Check

☐ Within Range☐ Out of Range

Last Calibration Date

Calibration Time

Monthly Preventative Maintenance

Tasks to prolong equipment lifespan and prevent major issues, as outlined in maintenance schedules.

Ultrasonic Scaler - Power Output (Watts)

Handpiece - RPM Check

Enter a number...

Autoclave - Cycle Time (Minutes)

Enter a number...

Vacuum Pump - Oil Level

- ☐ Adequate
- ☐ Low
- ☐ Needs Change

Dental Chair - Movement Check

- ☐ Smooth
- ☐ Jerky
- ☐ Stiff

Last Filter Replacement

Enter date...

Any Unusual Noises or Issues Observed?

Write something...

Technician Signature

Annual Service & Certification

Comprehensive service performed by certified technicians to ensure compliance and optimal operation.

Service Date

Enter date...

Service Provider

- ☐ Company A
- ☐ Company B
- ☐ Internal Technician

Serial Number

Enter a number...

Service Report Summary

Write something...

Service Report PDF

 Upload File

Certification Status

- ☐ Certified
- ☐ Not Certified
- ☐ Pending

Calibration Readings (Pre)

Enter a number...

Calibration Readings (Post)

Enter a number...

Technician Signature

Waterline Maintenance

Checks and procedures related to waterline quality, filtration, and antimicrobial treatment.

Last Waterline Flush Date

PSI of Water Pressure

Water Treatment Type

- ☐ Chlorine
- ☐ Hydrogen Peroxide
- ☐ Other (Specify)

Comments/Observations Regarding Waterline Condition

Filter Change Interval (Days)

Last Filter Replacement Date

Enter date...

Water Source Type

☐ City Water

☐ Well Water

Emergency Repair Documentation

Record of any unexpected repairs, troubleshooting steps, and resolutions.

Date of Emergency Repair

Enter date...

Time of Emergency Repair

Enter time...

Detailed Description of the Issue

Write something...

Troubleshooting Steps Taken

Write something...

Repair Solution/Action Performed

Write something...

Estimated Repair Cost

Enter a number...

Repair Performed By (Internal/External)

☐

Internal Staff

☐

External Technician

Supporting Documentation (Photos, Invoices)



Upload File

Technician Signature

Software & Firmware Updates

Tracking and implementation of software and firmware updates as released by the manufacturer.

Last Update Date

Enter date...

Software Version (Current)

Write something...

Update File Size (MB)

Enter a number...

Release Notes Summary

Write something...

Update Status

- ☐ Not Started
- ☐ In Progress
- ☐ Completed
- ☐ Failed

Update Log File (Optional)

 Upload File

Next Scheduled Update Date

Write something...