

# Dental Equipment Maintenance Checklist: Calibration & Repairs

 Show only Checklist

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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

Enter a number...

### Autoclave Cycle Validation (Biological Indicator)

Pass

Fail

### Ultrasonic Scaler Frequency Check

Within Range

Out of Range

### Last Calibration Date

Enter date...

### Calibration Time

Enter time...

## Monthly Preventative Maintenance

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

### Ultrasonic Scaler - Power Output (Watts)

Enter a number...

### 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

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# 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

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# Software & Firmware Updates

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

## Last Update Date

## Software Version (Current)

## Update File Size (MB)

## Release Notes Summary

### Update Status

- Not Started
- In Progress
- Completed
- Failed

### Update Log File (Optional)

 Upload File

### Next Scheduled Update Date

Write something...