



Dental Office Checklist Template: Compliance & Patient Safety

 Show only Checklist

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Infection Control & Sterilization

Ensuring proper sterilization and infection control protocols are followed to prevent cross-contamination.

Last Autoclave Validation Date

Enter date...

Autoclave Cycle Count

Enter a number...



Surface Disinfectant Used

- ☐ Bleach
- ☐ Quaternary Ammonium
- ☐ Hydrogen Peroxide
- ☐ Other

Areas Disinfected Today

- ☐ Treatment Chair
- ☐ Light Handles
- ☐ Dental Unit Saliva Ejector Tubing
- ☐ Handpieces
- ☐ Floors

Notes on Sterilization Process (if applicable)

Write something...

Type of Ultrasonic Scaler Used

- ☐ Magnetostrictive
- ☐ Piezoelectric
- ☐ Both

Autoclave Temperature & Pressure Log (Optional)

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Patient Safety Protocols

Verification of procedures to minimize patient risk and ensure a safe environment.

Patient Weight (lbs)

Enter a number...

Patient Height (inches)

Enter a number...

Patient Medical History Review Completed?

☐ Yes☐ No

Allergies Noted & Verified?

Write something...

Emergency Contact Information Verified?

☐ Yes☐ No

Last Patient Safety Training Date

Enter date...

Patient Safety Concerns Addressed?

- ☐ Fall Risk
- ☐ Medication Interactions
- ☐ Cardiac History
- ☐ Respiratory Issues
- ☐ None

Clinician Signature - Patient Safety Verification

HIPAA Compliance

Checks to maintain patient privacy and adherence to HIPAA regulations.

Date of Last Privacy Rule Training

Write something...

Summary of Privacy Policies Communicated to Patients

Write something...

Method of Patient Consent for Data Sharing (Electronic/Paper)

☐ Electronic

☐ Paper

Types of Protected Health Information (PHI) Accessed

☐ Demographics

☐ Medical Records

☐ Financial Information

☐ Insurance Details

Date of Last HIPAA Risk Assessment

Enter date...

Method for Securely Transmitting PHI (e.g., encrypted email, secure portal)

- ☐ Encrypted Email
- ☐ Secure Portal
- ☐ Fax (with confirmation)

Summary of Breach Response Plan

Write something...

OSHA Compliance

Ensuring adherence to Occupational Safety and Health Administration standards.

Last eyewash station inspection date

Enter a number...

Date of last bloodborne pathogens training

Enter date...

SDS (Safety Data Sheets) are readily accessible?

- ☐ Yes
- ☐ No
- ☐ N/A

Which PPE (Personal Protective Equipment) is readily available?

- ☐ Gloves
- ☐ Masks
- ☐ Gowns
- ☐ Face Shields
- ☐ Aprons

Sharps containers properly labeled and accessible?

- ☐ Yes
- ☐ No
- ☐ N/A

Notes on any OSHA-related observations or corrective actions needed

Write something...

Date of next scheduled OSHA compliance review

Enter date...

Emergency Preparedness

Validation of protocols and resources for handling medical emergencies and disasters.

Last Emergency Drill Date

Enter date...

Time of Last Emergency Drill

Enter time...

Brief Description of Drill Scenario

Write something...

Number of Staff Participating in Drill

Enter a number...

Emergency Contacts Verified?

☐ Yes

☐ No

☐ N/A

Emergency Contact List (Current)

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Description of Corrective Actions (If any) following last drill

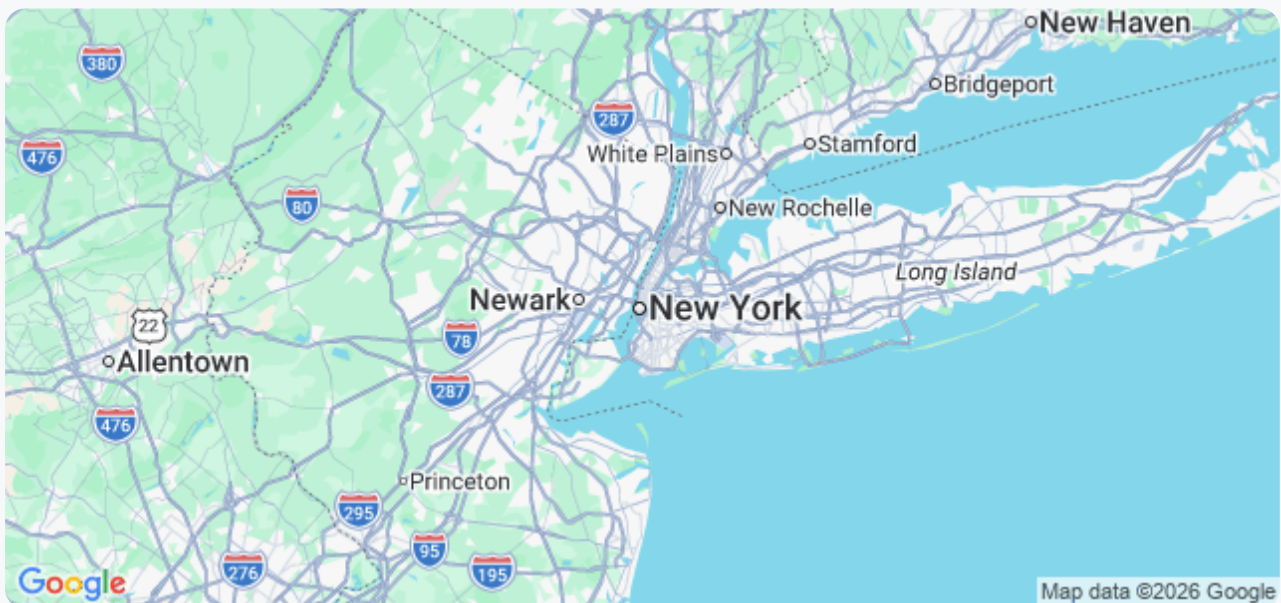
Write something...

Evacuation Route Marked?

- ☐ Yes
- ☐ No
- ☐ Needs Review

Location of First Aid Kit

 [Set My Current Location](#)



Equipment Maintenance & Calibration

Confirmation of routine maintenance and calibration of dental equipment.

Last Autoclave Maintenance Date

Enter date...

Autoclave Cycle Count (for each cycle)

Enter a number...

Water Tank Temperature (°C)

Enter a number...

X-Ray Machine Calibration Status

☐ Within Tolerance

☐ Needs Adjustment

☐ Out of Tolerance

Last Ultrasonic Scaler Inspection Date

Enter date...

Notes on any Equipment Issues

Write something...

Calibration Certificates (Upload)

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Medication Management

Verification of proper storage, handling, and dispensing of medications.

Last Controlled Substance Inventory Date

Enter date...

Quantity of Morphine Sulfate Available (units)

Enter a number...

Controlled Substance Storage Method

- ☐ Double-Locked Cabinet
- ☐ Secure Safe
- ☐ Other (Specify)

Notes from Last Medication Audit (if applicable)

Write something...

Date of Next Controlled Substance Inventory

Enter date...

Proper Disposal Method for Unused Medications

- ☐ Reverse Distributor
- ☐ Pharmaceutical Waste Company
- ☐ Other (Specify)

Signature of Person Responsible for Medication Management

Radiology Safety

Checks related to radiation safety protocols and equipment operation.

Last Radiation Safety Training Date

Patient Exposure Dose (mSv)

Shielding Adequacy (Patient & Staff)

- ☐ Adequate
- ☐ Needs Improvement
- ☐ Unacceptable

Collimation Functionality

- ☐ Functional
- ☐ Needs Repair
- ☐ Non-Functional

Equipment Calibration Records

 Upload File

Distance to X-Ray Source (cm)

Enter a number...

Time of Last Equipment Check

Enter time...

Waste Management

Ensuring proper handling and disposal of regulated medical waste.

Last Waste Disposal Date

Enter date...

Number of Sharps Containers Used This Period

Enter a number...

Quantity of Biohazard Waste Bags Used

Enter a number...

Waste Disposal Company

- ☐ Company A
- ☐ Company B
- ☐ Company C

Waste Types Generated

- ☐ Sharps
- ☐ Biohazard
- ☐ Pharmaceutical
- ☐ RCRA

Notes/Comments on Waste Management Practices

Write something...

Employee Training & Competency

Validation of employee training records and competency assessments.

Last Infection Control Training Date

Enter date...

Last HIPAA Compliance Training Date

Enter date...

Last Radiation Safety Training Date

Enter date...

Infection Control Modules Covered (check all that apply)

- ☐ Hand Hygiene
- ☐ Personal Protective Equipment
- ☐ Instrument Sterilization
- ☐ Surface Disinfection
- ☐ Waste Management

Number of Continuing Education Credits Completed This Year

Enter a number...

Proof of Completion - Continuing Education Certificates

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Competency Assessment Status - Charting

- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory

Notes on any Training Deficiencies or Remediation Plans

Write something...