

# Dental Office Checklist Template: Compliance & Patient Safety

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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)

## Patient Height (inches)

## Patient Medical History Review Completed?

 Yes No

## Allergies Noted & Verified?

## 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

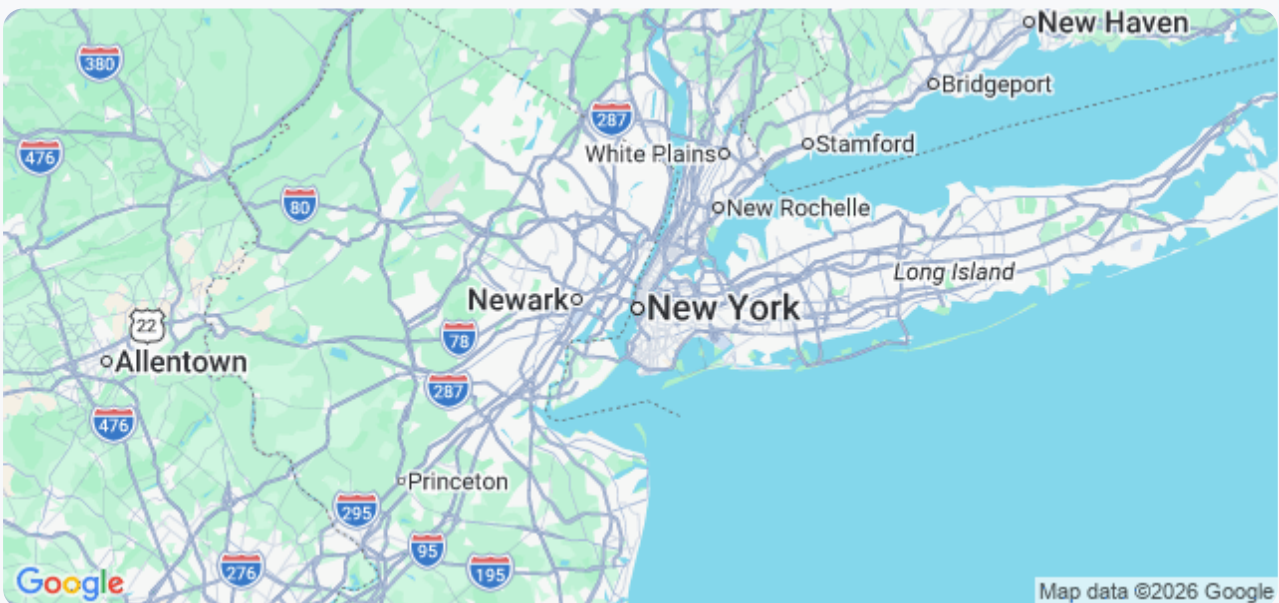
Write something...

## 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...