

Dental OSHA Compliance Checklist: Workplace Safety & Hazard Control

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Hazard Communication

Ensuring proper labeling of chemicals, SDS availability, and employee training on hazardous materials.

Summary of Chemical Hazards Present

Write something...

Safety Data Sheets (SDS) – Current Versions

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Number of Employees Trained on Hazard Communication

Enter a number...

Date of Last Hazard Communication Training

Enter date...

SDS Availability (Electronic/Print/Both)

- Electronic
- Print
- Both

Chemicals Requiring Specific Hazard Warnings

- Amalgam
- Nitrous Oxide
- Sodium Hypochlorite
- Hydrogen Peroxide

Personal Protective Equipment (PPE)

Verification of appropriate PPE usage (gloves, masks, eyewear, gowns) for all procedures.

Gloves: Type and Size Adequacy?

- Nitrile
- Latex
- Appropriate Size
- Not Applicable

Number of Masks Available

Mask Type (Level of Protection)

- Surgical
- N95
- Other (Specify)

Photo Evidence of PPE Usage (Optional)

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Eyewear: Adequate Protection?

- Yes
- No
- N/A

Number of Gowns Available

Infection Control & Sterilization

Checking sterilization procedures, instrument reprocessing, and surface disinfection protocols.

Autoclave Cycle Temperature (°C)

Autoclave Cycle Pressure (psi)

Last Autoclave Maintenance Date

Disinfectant Type Used

- Chlorine-Based
- Quaternary Ammonium
- Hydrogen Peroxide
- Other

Instruments Reprocessed Today:

- Handpieces
- Scalers
- Curettes
- Mirrors
- Other

Notes on Instrument Reprocessing (e.g., discrepancies, unusual findings)

Write something...

Surface Disinfection Frequency

- Between Patients
- Daily
- Weekly

Surface Disinfection Last Performed

Enter time...

Chemical Safety

Assessment of proper storage, handling, and disposal of chemicals used in the dental practice.

Quantity of Nitrous Oxide in Cylinder (liters)

Enter a number...

Date of last Chemical Inventory Check

Enter date...

Description of Chemical Storage Practices

Write something...

SDS for Amalgam Separator Chemicals (PDF)

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Chemical Spill Kit Location

- Treatment Room 1
- Reception Area
- Sterilization Room
- Lab

Last Inspection Date for Chemical Storage Cabinets

Enter a number...

Electrical Safety

Inspection of electrical equipment, cords, and outlets to prevent shocks and fire hazards.

Outlet Voltage (Volts)

Extension Cord Ampere Rating (Amps)

Cord Condition (Damaged/Good)

 Damaged Good

Grounding Plug Condition (Intact/Missing)

 Intact Missing

Last Equipment Inspection Date

Notes on Electrical Equipment Condition

Universal Waste Management

Proper disposal of sharps, amalgam waste, and other regulated waste.

Sharps Container Volume (Gallons)

Enter a number...

Last Sharps Container Replacement Date

Enter date...

Estimated Sharps Waste Generated per Month (Units)

Enter a number...

Amalgam Waste Segregation Method

- Separation System
- Amalgam Waste Collector
- Other - Specify

If 'Other' for Amalgam Waste Segregation, Please Specify:

Write something...

Used for Contaminated Materials (e.g. gauze, gloves) Disposal?

Red Biohazard Bags

Other - Specify

If 'Other' for Biohazard Disposal, Please Specify:

Write something...

Emergency Procedures

Review of emergency plans, evacuation routes, and first aid supplies.

Last Emergency Drill Date

Enter date...

Scheduled Next Drill Time

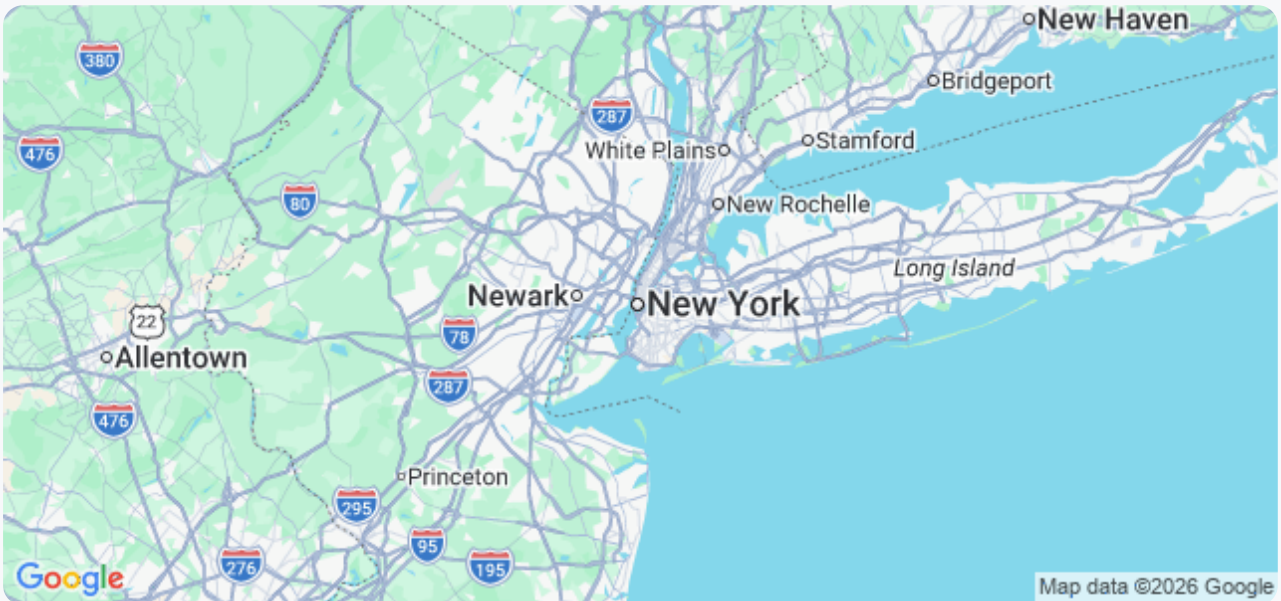
Enter time...

Emergency Contact List (including phone numbers)

Write something...

Primary Evacuation Route

 [Set My Current Location](#)



Number of Employees Trained in First Aid/CPR

Enter a number...

Emergency Situations Covered in Drill (select all that apply)

- Fire
- Medical Emergency
- Power Outage
- Natural Disaster

Location of First Aid Kit

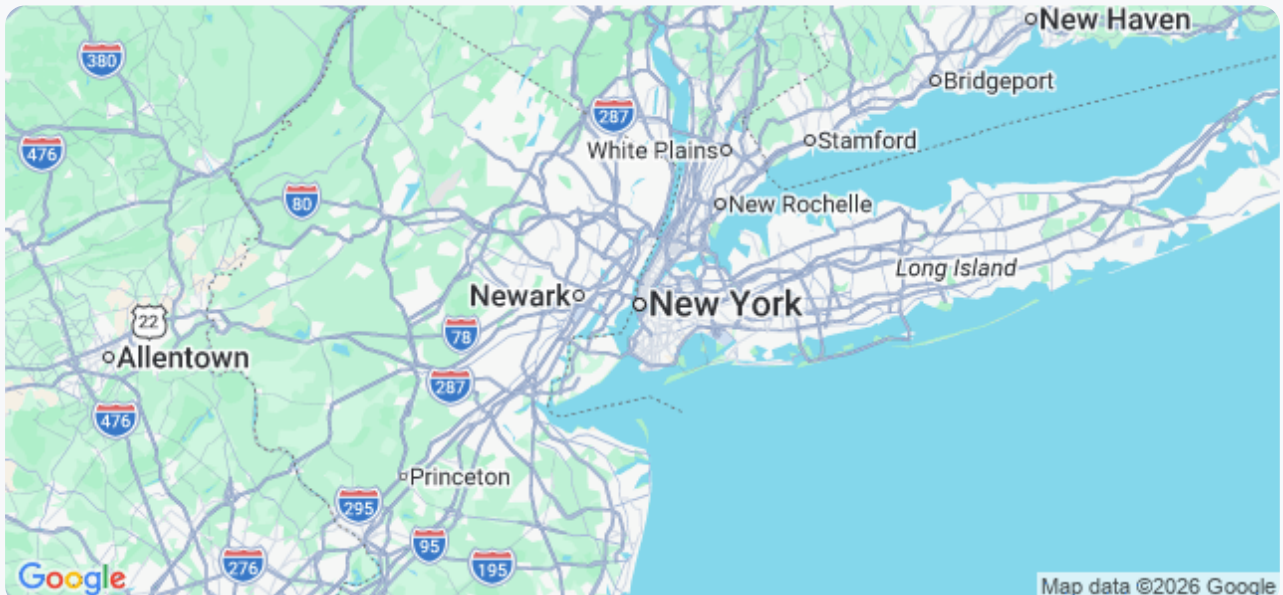
Write something...

Compressed Gas Cylinders

Verification of secure storage and proper handling of compressed gas cylinders.

Cylinder Storage Area

 [Set My Current Location](#)



Distance from Walls (inches)

Enter a number...

Distance from Aisles (inches)

Enter a number...

Cylinder Securing Method

- Chain
- Straps
- Other

Cylinder Cap Present?

- Yes
- No

Last Inspection Date

Enter date...

Notes / Corrective Actions

Write something...

Recordkeeping & Training

Maintaining records of inspections, training, and employee competency assessments.

Last OSHA Compliance Training Date

Number of Employees Trained on Hazard Communication

Topics Covered in OSHA Training (check all that apply)

- Hazard Communication
- PPE Usage
- Infection Control
- Emergency Procedures
- Bloodborne Pathogens

Copy of Employee Training Records

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Date of Last Safety Inspection

Summary of Findings from Last Safety Inspection

Write something...

Signature of Person Responsible for Safety Training

Bloodborne Pathogens Exposure Control Plan

Reviewing and updating the plan to ensure compliance with OSHA regulations.

Exposure Control Plan Last Review Date

Enter date...

Summary of Exposure Risk Assessment Findings

Write something...

Employee Training Topics Covered (Check all that apply)

- Standard Precautions
- Engineering Controls
- Work Practice Controls
- Personal Protective Equipment
- Exposure Incidents
- Hepatitis B Vaccination

Number of Employees Trained on Exposure Control Plan

Enter a number...

Date of Last Employee Hepatitis B Vaccination Training (or waiver)

Enter date...

Employee Hepatitis B Vaccination Status (Practice-wide)

- All Employees Vaccinated
- Some Employees Vaccinated
- Some Employees Waived Vaccination

Description of Engineering Controls in Place (e.g., sharps containers, autoclaves)

Write something...