Dental surgery turnover checklist

CHECKLIST TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Business _____ Location _____ Date _____

Between patients

After each patient

TASK	TIME	INITIALS
Clear		
☐ Dispose of sharps into the sharps container at the chair		
☐ Take used instruments to reprocessing in a closed container		
☐ Remove barriers and dispose of single-use items		
Clean		
☐ Clean and disinfect every surface touched in the zone Chair controls, light handles, the tray, the bracket table and the suction holders.		
☐ Flush handpiece and air-water lines for 20 to 30 seconds		
☐ Run water through the suction lines		
Set up		
☐ Put on fresh barriers		
☐ Set out sterile instruments for the next appointment, checking the pouch indicators		
☐ Wash hands and put on fresh gloves		

Completed by _____ Checked by (manager) _____ Date _____ Notes _____