Dental equipment weekly check

Dental equipment maintenance schedule (compressor, vacuum, waterlines, chairs)

Site _____ Asset or area _____ Inspected by _____ Date _____

Item	Pass	Fail	N/A	Notes
Sterilizers				
Spore test run with control, result recorded				
Chamber and door gasket clean, no damage				
Chemical indicators changing as expected				
Compressor and vacuum				
Compressor tank drained, no moisture in lines				
Compressor cycles normally, no unusual noise				
Vacuum traps and solids collector clean				
Amalgam separator not over its fill level				
Operatories				
Waterlines treated on the product's schedule				
Chair raises, lowers and reclines smoothly				
No leaks at delivery unit hoses or foot control				
Operatory lights and handpiece couplers work				

Signature: _____

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