Dental OSHA and infection control checklist

Dental OSHA & infection-control compliance checklist

Site _____ Asset or area _____ Inspected by _____ Date _____

Item	Pass	Fail	N/A	Notes
Written programs (yearly)				
Exposure control plan reviewed this year				
Safer sharps devices evaluated and noted				
Hazard communication program current				
Bloodborne pathogens training done this year				
Sterilization (weekly)				
Spore test run on each sterilizer this week				
Spore test result passed and filed				
Cycle printouts or logs reviewed				
Instruments packaged and dated				
Sharps and waste				
Sharps containers upright and near use				
No sharps container past the fill line				
Regulated waste bagged and labeled				
Amalgam separator inspected and logged				
Safety equipment				
Eyewash flushed and water runs clear				
PPE stocked in each operatory				
SDS on file for every chemical in use				
Secondary containers labeled				

Signature: _____ Run this checklist on a phone with Dovient Lite: dovient.com/lite