

Decontamination Room Audit Form

<u>Description</u>	<u>Make</u>	<u>Model</u>	<u>Serial no</u>	<u>Date of Last Inspection</u>	<u>Age & Replace Date</u>	<u>Condition (0-10) Bad - Good</u>	<u>Date of Last PAT</u>	<u>Unit Serviced? Yes/No By Whom</u>
Washer Disinfector 1) 2) 3)	_____	_____	_____	_____	_____	_____	_____	_____
Autoclaves 1) 2) 3) 4) 5)	_____	_____	_____	_____	_____	_____	_____	_____
Ultrasonic Bath 1) 2)	_____	_____	_____	_____	_____	_____	_____	_____
Handpiece Cleaners	_____	_____	_____	_____	_____	_____	_____	_____
Magnifying Glass	_____	_____	_____	_____	_____	_____	_____	_____
Extractor Fans	_____	_____	_____	_____	_____	_____	_____	_____
Cabinetry Sinks Taps Cupboards	_____	_____	_____	_____	_____	_____	_____	_____