

Surgery Audit Form - Main

<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>Unit Serviced? Yes/No By Whom</u>
<u>Work Top Equipment</u>							
Scaler	_____	_____	_____	____/____	____/____	_____	_____
Hot air blower	_____	_____	_____	____/____	____/____	_____	_____
Curing light	_____	_____	_____	____/____	____/____	_____	_____
Apex locator	_____	_____	_____	____/____	____/____	_____	_____
<u>Other Equipment</u>							
Laser	_____	_____	_____	____/____	____/____	_____	_____
Milling	_____	_____	_____	____/____	____/____	_____	_____
PC	_____	_____	_____	____/____	____/____	_____	_____
TV	_____	_____	_____	____/____	____/____	_____	_____
	_____	_____	_____	____/____	____/____	_____	_____
	_____	_____	_____	____/____	____/____	_____	_____
	_____	_____	_____	____/____	____/____	_____	_____
	_____	_____	_____	____/____	____/____	_____	_____
	_____	_____	_____	____/____	____/____	_____	_____
	_____	_____	_____	____/____	____/____	_____	_____
	_____	_____	_____	____/____	____/____	_____	_____