

Surgery Audit Form - Main

<u>Description</u>	<u>Make</u>	<u>Model</u>	Serial no	Date of Last Service/PAT	Age & Replace Date	Condition (0-10) Bad - Good	Unit Serviced? Yes/No By Whom
Cabinetry Top Doors Sinks Taps General Condition							Yes/No: Yes/No: Yes/No: Yes/No: Yes/No:
Chair Package Chair Delivery unit Scaler Micromotor Other (camera/curinglight) F/O Suction Manifold Spittoon Spittoon Valve Placement valve Light Floorbox							Yes/No:
X-Ray Tube Head Timer controls					/		Yes/No:
Suction Pump Inlet filter Rinse system Additional cooling kit					_/ _/ _/		Yes/No:



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Work Top Equipment Scaler Hot air blower Curing light Apex locator				/	_/ _/ _/		
Other Equipment Laser Milling PC TV					_/		