

Close OR

Primary responsibility: Nurse/Dental Assistant

Timing: End of the day

Location: OR/Surgical Suite/Operatory

Comments: Refers to one room (not patient); only performed 1x per day



Disposable stock replenished and necessary material orders placed

Yes Not Applicable

Material ready for sterilization

Yes Not Applicable

Vacuum bag removed

Yes Not Applicable

Room cleaned and materials stored away

Yes Not Applicable

Room Name: _____

Date: _____

Primary Responsible: _____

Comments: _____

This checklist shall not substitute appropriate medical verification prior to the intended procedure and shall be used as an additional informative tool only. FOR does not make any representation as to the accuracy, fitness or completeness of the checklist.

Checklist Version: 1.0 | Last Modified: 17 Jun 2014 | Copyright 2013 www.for.org