DENTAL SURGERY INVENTORY

Facility: _____ | Room No: _____

Date: ____/____/202__

EQUIPMENT / INSTRUMENT NAME	STOCK	MIN	CONDITION	LAST SERVICE	NOTES
DIAGNOSTIC & EXAMINATION					
Mouth Mirrors (Front Surface)		12		N/A	
Explorers / Probes (CPITN/UNC15)		10		N/A	
Intraoral Camera / Sensors		2			
SURGICAL INSTRUMENTS					
Extraction Forceps (Set)		4		N/A	
Elevators (Luxators/Couplands)		8		N/A	
High-Speed Handpieces		4			Lubricate daily

EQUIPMENT / INSTRUMENT NAME	STOCK	MIN	CONDITION	LAST SERVICE	NOTES
Surgical Bone Files/Rongeurs		2		N/A	
OPERATORY EQUIPMENT					
Autoclave / Sterilizer		1			Check seals
Ultrasonic Scaler Unit		2			
LED Curing Light		2			Check battery
EMERGENCY & MISC					
Oxygen Cylinder / Mask		1			Check PSI
AED Unit		1			Check pads

_____

Verified By: _____ Signature: _____ Next Review Date: ____/____/____