DENTAL SURGICAL SUPPLY AUDIT

Form ID: SURG-AUD-2024

Facility/Clinic Name

Date of Audit

Auditor Signature

SUPPLY DESCRIPTION	REF/CAT #	PAR LEVEL	ON HAND	EXP. DATE	ACTION REQUIRED
ANESTHETICS & SYRINGES					
Articaine HCl 4% / Epi 1:100k	ART-100	5 Box	____	/ /	Reorder Expired
Lidocaine HCl 2% / Epi 1:100k	LID-200	5 Box	____	/ /	Reorder Expired
SUTURES & HEMOSTATICS					
4-0 Chromic Gut (18")	SUT-CG4	24 Pk	____	/ /	Reorder Expired
5-0 Monofilament Nylon	SUT-NY5	12 Pk	____	/ /	Reorder Expired
Collagen Plugs (10mm x 20mm)	HEM-CP1	10 Pk	____	/ /	Reorder Expired
SURGICAL DISPOSABLES					
#15 Sterile Scalpel Blades	BLD-15S	100 Ct	____	N/A	Reorder

SUPPLY DESCRIPTION	REF/CAT #	PAR LEVEL	ON HAND	EXP. DATE	ACTION REQUIRED
Sterile Surgical Drape (30x45)	DRP-MED	20 Ct	___	N/A	Reorder
Irrigation Syringes (Monojet)	IRR-412	50 Ct	___	N/A	Reorder