### **Dental Office Equipment Checklist**

#### **Purpose**

To ensure the dental office has all essential tools and equipment for patient care and operations.

#### **General Information**

* **Clinic Name**: [Name of the clinic]
* **Date**: [Inspection date]
* **Inspector Name**: [Name of the inspector]

#### **Checklist Categories**

1. **Dental Instruments**
   * Dental Drills
   * Scalers
   * Probes
2. **Sterilization Equipment**
   * Autoclave
   * Ultrasonic Cleaner
3. **Diagnostic Tools**
   * X-Ray Machine
   * Intraoral Camera
4. **Patient Comfort**
   * Dental Chair
   * Overhead Light
   * Patient Bibs