

Off : 04862 224366

Fax: 04862 229586

AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)

RUN BY NOORUL ISLAM TRUST

PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

PERIODONTICS

DEPARTMENT PERIODONTICS DATE 02/08/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00 am	2:30 pm	<i>[Signature]</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL / DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
Bacitobal (Alcohol)	Yes	<i>[Signature]</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL / DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1.	OP Instrument	CIDEX Glutaraldehyde 3.5%	8:45 am / 1:30 pm	<i>[Signature]</i>	<i>[Signature]</i>
2.	Scaling Instrument	"	"		

PREPARED AND APPROVED BY

5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	Diagnostic Instruments Scaling Instruments	3:15 am	4:00 am	45 min	121°C	30 psi	2/8/21 8:15 am to 9:00 am	<i>[Signature]</i>	<i>[Signature]</i>
2	Ultrasonic scaler tip	"	"	"	"	"	2/8/21 5:15 am to 9:00 am		
3	Diagnostic Instruments Scaling Instruments	2:15 pm	3:00 pm	"	"	"	2/8/21 3:15 pm to 3:00 pm	<i>[Signature]</i>	<i>[Signature]</i>
4	Ultrasonic scaler tip	"	"	"	"	"	2/8/21 2:15 pm to 3:00 pm		
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PREPARED AND APPROVED BY



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT PERIODONTICS DATE 03/02/21

1 FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00 am	2:30 pm	<i>[Signature]</i>	<i>[Signature]</i>

2 CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
Bacillol (Alcohol)	Yes	<i>[Signature]</i>	<i>[Signature]</i>

3 FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1.	OP Instruments	CIDEX Glutaraldehyde 2-25%	8:45am / 1:45pm	<i>[Signature]</i>	<i>[Signature]</i>
2.	Scaling Instruments	"	"		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	Diagnostic Instruments Scaling Instruments	8:15am	8:50am	45 min	121°	30 psi	2/28/21 8:15am to 9:00am	<i>[Signature]</i>	<i>[Signature]</i>
2	Ultrasonic scaler tip	"	"	"	"	"	3/5/21 8:15am to 9:00am		
3	Diagnostic Instruments Scaling Instruments	2:15pm	3:00pm	"	"	"	3/5/21 2:15pm to 3:00pm	<i>[Signature]</i>	<i>[Signature]</i>
4	Ultrasonic Scaler tip	"	"	"	"	"	3/5/21 2:15pm to 3:00pm		
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT PERIODONTICS DATE 4/2/21 140

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00 am	2:30 pm	<i>Rush</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL / DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
Bacillol (Alcohol)	Yes	<i>Shimidy</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
Yes	2:30 pm		<i>[Signature]</i>

4. MANUAL CLEANING OF INSTRUMENTS

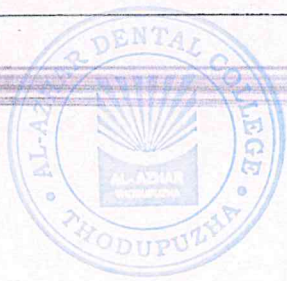
Sl No	SET OF INSTRUMENTS	CHEMICAL / DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1.	OP Instruments	CIDEX Clorox/Aldehyde 2-45 min	8:45 pm / 1:45 pm	<i>Shimidy</i>	<i>[Signature]</i>
2.	Scaling Instruments	"	"		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	Diagnostic Instruments Scaling Instruments	8:15 am	9:00 pm	45 min	121°C	30 psi	4/2/21 8:15am to 9:00am	<i>Shimidy</i>	<i>[Signature]</i>
2	Ultrasonic scaler tip	"	"	"	"	"	4/2/21 8:15am to 9:00am		
3	Surgical Instruments	"	"	"	"	"	4/2/21 8:15am to 9:00am		
4	Diagnostic Instruments Scaling Instruments	2:15 pm	3:00 pm	"	"	"	4/2/21 2:15pm to 3:00pm	<i>Shimidy</i>	
5	Ultrasonic scaler tip	"	"	"	"	"	4/2/21 2:15pm to 3:00pm		
6	Surgical Instruments	"	"	"	"	"	4/2/21 2:15pm to 3:00pm		
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT: PERIODONTICS

DATE: 5/8/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00 AM	2:30 PM	<i>[Signature]</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
Bacitral (Alcohol)	Yes	<i>[Signature]</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

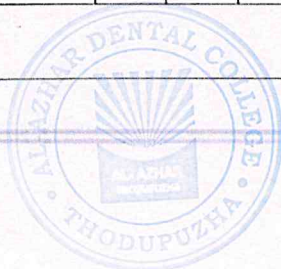
Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
1.	OP Instruments	CIDEX Glutaraldehyde 2-45%	2:45 am / 1:45 PM	<i>[Signature]</i>	<i>[Signature]</i>
2.	Scaling Instruments	"	"	<i>[Signature]</i>	<i>[Signature]</i>

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
1	Diagnostic Instruments Scaling Instruments	2:15 am	2:00 am	45 min	121°C	30 psi	5/8/21 8:50 am to 9:00 am	<i>[Signature]</i>	<i>[Signature]</i>
2	Ultrasonic scaler tip	"	"	"	"	"	5/8/21 8:50 am to 9:00 am	<i>[Signature]</i>	
3	Diagnostic Instruments Scaling Instruments	2:15 pm	3:00 pm	"	"	"	5/8/21 2:15 pm to 3:00 pm	<i>[Signature]</i>	
4	Ultrasonic Scaler - tip .	"	"	"	"	"	5/8/21 2:15 pm to 3:00 pm	<i>[Signature]</i>	
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Prof. Dr. Harvey Thomas MDS
-Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT PERIODONTICS

DATE 6/8/21

142

1 FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00 AM	2:30 PM	<i>[Signature]</i>	<i>[Signature]</i>

2 CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
Bacillol (Alcohol)	Yes	<i>[Signature]</i>	<i>[Signature]</i>

3 FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl. No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1.	OP Instruments	CIDEX Glutaraldehyde 2-25%	8:25 AM / 1:25 PM	<i>[Signature]</i>	<i>[Signature]</i>
2.	Scaling Instruments	"	"		

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5. STERILIZATION LOG SHEET

Sl. No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	Diagnostic Instruments Scaling Instruments	8:15 AM	9:00 AM	45 min	121°	30 PSI	6/8/21 8:15 AM to 9:00 AM	<i>[Signature]</i>	<i>[Signature]</i>
2	Ultrasonic scaler tip	"	"	"	"	"	6/8/21 8:15 AM to 9:00 AM	<i>[Signature]</i>	<i>[Signature]</i>
3	Diagnostic Instruments Scaling Instruments	2:15 PM	3:00 PM	"	"	"	6/8/21 2:15 PM to 3:00 PM	<i>[Signature]</i>	<i>[Signature]</i>
4	Ultrasonic scaler tip	"	"	"	"	"	6/8/21 2:15 PM to 3:00 PM	<i>[Signature]</i>	<i>[Signature]</i>
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Zhar Dental College
Thodupuzha - 685 605

DEPARTMENT PEDIODONTICS DATE 1/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING 8:00 am	NOON 2:30 pm	<i>[Signature]</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL / DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
Bacillal (Alcohol)	Yes	<i>[Signature]</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
Yes	2:30 pm		<i>[Signature]</i>

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL / DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1	OP Instruments	CIDEX Glubran 2:45-1	8:45 am / 1:45 pm	<i>[Signature]</i>	<i>[Signature]</i>
2	Scaling Instruments	"	"		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATOR'S SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	Diagnostic Instruments Scaling Instruments	8:15 am	10:00 am	15 min	121°C	30 psi	7/4/21 8:15 am to 10:00 am	<i>[Signature]</i>	<i>[Signature]</i>
2	Ultrasonic scaler tip	"	"	"	"	"	7/4/21 8:15 am to 9:00 am		
3	Surgical Instruments	"	"	"	"	"	7/4/21 8:15 am to 9:00 am	<i>[Signature]</i>	
4	Diagnostic Instruments Scaling Instruments	2:15 pm	3:00 pm	"	"	"	7/4/21 2:15 pm to 3:00 pm	<i>[Signature]</i>	
5	Ultrasonic scaler tip	"	"	"	"	"	7/4/21 2:15 pm to 3:00 pm		
6	Surgical Instruments	"	"	"	"	"	7/4/21 2:15 pm to 3:00 pm		
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT: PERIODONTICS DATE: 7/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00 AM	2:30 PM	<i>[Signature]</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL / DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacidal (Alcohol)</u>	<u>Yes</u>	<i>[Signature]</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

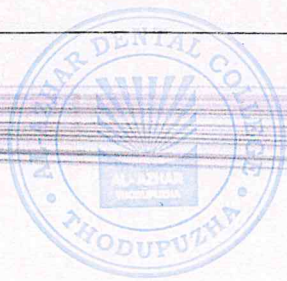
Sl No.	SET OF INSTRUMENTS	CHEMICAL / DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1	<u>OP Instruments</u>	<u>CEDEX (Chlorhexidine) 2-2.5%</u>	<u>8:45 am / 1:45 pm</u>	<i>[Signature]</i>	<i>[Signature]</i>
2	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>	<i>[Signature]</i>	<i>[Signature]</i>

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5. STERILIZATION LOG SHEET

Sl No.	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>8:15 am</u>	<u>8:30 am</u>	<u>15 min</u>	<u>121°c</u>	<u>30 psi</u>	<u>7/2/21</u> <u>8:15 am to 8:30 am</u>	<i>[Signature]</i>	<i>[Signature]</i>
2	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>7/2/21</u> <u>8:15 am to 8:30 am</u>	<i>[Signature]</i>	<i>[Signature]</i>
3	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>2:15 pm</u>	<u>3:00 pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>7/2/21</u> <u>2:15 pm to 3:00 pm</u>	<i>[Signature]</i>	<i>[Signature]</i>
4	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>7/2/21</u> <u>2:15 pm to 3:00 pm</u>	<i>[Signature]</i>	<i>[Signature]</i>
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Prof. Dr. Harvey Thomas MDS
 Principal
 Al-Azhar Dental College
 Thodupuzha - 685 605

DEPARTMENT PERIODONTICS

DATE 10/2/21

145

1 FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00 AM	2:30 PM	<i>Reet</i>	<i>[Signature]</i>

2 CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<i>Betadine (Alcohol)</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>

3 FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
1	<i>OP Instruments</i>	<i>CIDEX Glutaraldehyde 2-2 1/2%</i>	<i>8:45 am / 1:45 pm</i>	<i>[Signature]</i>	<i>[Signature]</i>
2	<i>Scaling Instruments</i>	<i>"</i>	<i>"</i>		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
1	<i>Diagnostic Instruments Scaling Instruments</i>	<i>8:15 am</i>	<i>10:00 am</i>	<i>45 min</i>	<i>121°C</i>	<i>30 psi</i>	<i>10/2/21 8:50 am to 9:00 am</i>	<i>[Signature]</i>	<i>[Signature]</i>
2	<i>Ultrasonic scaler tip</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>10/2/21 8:50 am to 9:00 am</i>	<i>[Signature]</i>	<i>[Signature]</i>
3	<i>Diagnostic Instruments Scaling Instruments</i>	<i>2:15 pm</i>	<i>3:00 pm</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>10/2/21 2:15 pm to 3:00 pm</i>	<i>[Signature]</i>	<i>[Signature]</i>
4	<i>Ultrasonic scaler tip</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>10/2/21 2:15 pm to 3:00 pm</i>	<i>[Signature]</i>	<i>[Signature]</i>
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT: PERIODONTICS DATE: 11/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING 8:00 AM	NOON 2:30 PM	<i>[Signature]</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
Bacillol (Alcohol)	Yes	<i>Shiraldy</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
Yes	2:30pm		<i>[Signature]</i>

4. MANUAL CLEANING OF INSTRUMENTS

Sl. No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
1.	OP Instruments	CIDEX Glutaraldehyde 2.45%	8:45 am / 1:45 pm	<i>Shiraldy</i>	<i>[Signature]</i>
2.	Scaling Instruments	"	"		

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5. STERILIZATION LOG SHEET

Sl. No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
1	Diagnostic Instruments Scaling Instruments	8:15am	8:50am	45 min	121°C	30 psi	11/3/21 6:15am to 9:00am	<i>Shiraldy</i>	<i>[Signature]</i>
2	Ultrasonic scaler tip	"	"	"	"	"	11/3/21 8:15am to 9:00am		
3	Surgical Instruments	"	"	"	"	"	11/4/21 8:15am to 9:00am		
4	Diagnostic Instruments Scaling Instruments	2:15pm	3:00pm	"	"	"	11/8/21 2:15pm to 3:00pm	<i>[Signature]</i>	<i>[Signature]</i>
5	Ultrasonic scaler tip	"	"	"	"	"	11/8/21 2:15pm to 3:00pm		
6	Surgical Instruments	"	"	"	"	"	11/8/21 2:15pm to 3:00pm		
7									

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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT Periodontics DATE 12/2/21 147

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
9:00am	2:30pm	<i>[Signature]</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<i>Bottled (Alcohol)</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1.	<i>OP Instruments</i>	<i>Codez Glucaldehyde 2-4%</i>	<i>8:45/1:45</i>	<i>[Signature]</i>	<i>[Signature]</i>
2.	<i>Scaling Instruments</i>	<i>"</i>	<i>"</i>		

PREPARED AND APPROVED BY _____

5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	<i>Diagnostic Instruments Scaling Instruments</i>	<i>8:15am</i>	<i>9:00am</i>	<i>45min</i>	<i>121°C</i>	<i>35psi</i>	<i>12/2/21 8:15am to 9:00am</i>	<i>[Signature]</i>	<i>[Signature]</i>
2	<i>Ultrasonic scaler tip</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>12/2/21 8:15am to 9:00am</i>		<i>[Signature]</i>
3	<i>Diagnostic Instruments Scaling Instruments</i>	<i>2:15pm</i>	<i>3:00pm</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>12/2/21 2:15pm to 3:00pm</i>	<i>[Signature]</i>	<i>[Signature]</i>
4	<i>Ultrasonic scaler tip</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>12/2/21 2:15pm to 3:00pm</i>		<i>[Signature]</i>
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT Periodontics DATE 13/8/21 148

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>8:00 am</u>	<u>2:15 pm</u>	<u>[Signature]</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bactrol</u>	<u>Yes</u>	<u>[Signature]</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl. No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>1.</u>	<u>OP Instruments</u>	<u>Cidex Glutaraldehyde 2.45%</u>	<u>8:45 / 1:45</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2.</u>	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>		

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5. STERILIZATION LOG SHEET

Sl. No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
<u>1</u>	<u>Diagnostic Instruments Scaling Instruments</u>	<u>8:15 am</u>	<u>9:00 am</u>	<u>45 min</u>	<u>121°C</u>	<u>30 psi</u>	<u>13/8/21 4:00 am to 9:00 am</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>13/8/21 8:15 am to 9:00 am</u>	<u>[Signature]</u>	
<u>3</u>	<u>Diagnostic Instruments Scaling Instruments</u>	<u>8:15 pm</u>	<u>9:00 pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>13/8/21 2:15 pm to 3:00 pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>4</u>	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>13/8/21 2:15 pm to 3:00 pm</u>		
<u>5</u>									
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PREPARED AND APPROVED BY [Signature]



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT Periodontics DATE 14/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>9:00am</u>	<u>2:30pm</u>	<u>Rud</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacilol (Alcohol)</u>	<u>Yes</u>	<u>Shimily</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
<u>Yes</u>	<u>2:30pm</u>		<u>[Signature]</u>

4. MANUAL CLEANING OF INSTRUMENTS

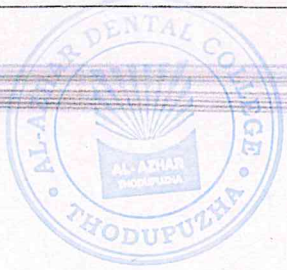
Sl No.	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
<u>1</u>	<u>OP Instruments</u>	<u>iodex Chloroxadiglyc 2.45%</u>	<u>9:15 / 1:45</u>	<u>Shimily</u>	<u>[Signature]</u>
<u>2</u>	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>		
<u>3</u>	<u>Surgical Instruments</u>				

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5. STERILIZATION LOG SHEET

Sl No.	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
<u>1</u>	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>8:15am</u>	<u>9:00am</u>	<u>45 min</u>	<u>121°C</u>	<u>30psi</u>	<u>14/2/21</u> <u>8:15am to</u> <u>9:00am</u>	<u>Shimily</u>	<u>[Signature]</u>
<u>2</u>	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>14/2/21</u> <u>8:15am to</u> <u>9:00am</u>		
<u>3</u>	<u>Surgical Instruments</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>14/2/21</u> <u>8:15am to</u> <u>9:00am</u>		
<u>4</u>	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>2:15pm</u>	<u>3:00pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>14/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>		
<u>5</u>	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>14/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>		
<u>6</u>	<u>Surgical Instruments</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>14/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>		
<u>7</u>									

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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

150

DEPARTMENT Periodontics DATE 14/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>8:00 am</u>	<u>2:30 am</u>	<u>Red</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL / DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bottle (Alcohol)</u>	YES	<u>Shimidy</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
YES			

4. MANUAL CLEANING OF INSTRUMENTS

Sl. No.	SET OF INSTRUMENTS	CHEMICAL / DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1.	<u>OP Instruments</u>	<u>Cidex glutaraldehyde 2.2.5%</u>	<u>8:45/1:15</u>	<u>Shimidy</u>	<u>[Signature]</u>
2.	<u>Scaling Instruments</u>	"	"		


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5. STERILIZATION LOG SHEET

Sl. No.	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	<u>Diagnostic Instruments Scaling Instruments</u>	<u>8:15 am</u>	<u>12:00 am</u>	<u>45 min</u>	<u>121°C</u>	<u>30 psi</u>	<u>4/8/21 6:00 am to 9:00 am</u>	<u>Shimidy</u>	<u>[Signature]</u>
2	<u>Ultrasonic scaler tip</u>	"	"	"	"	"	<u>10/8/21 2:50 am to 9:00 am</u>	<u>[Signature]</u>	<u>[Signature]</u>
3	<u>Diagnostic Instruments Scaling Instruments</u>	<u>2:15 pm</u>	<u>3:00 pm</u>	"	"	"	<u>16/8/21 2:15 pm to 3:00 pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
4	<u>Ultrasonic scaler tip</u>	"	"	"	"	"	<u>14/8/21 2:15 pm to 5:00 pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
5									
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 Principal
 Al-Azhar Dental College
 Thodupuzha - 685 605

DEPARTMENT Periodontics

DATE 17/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>8:00am</u>	<u>2:30am</u>	<u>[Signature]</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacillol (Alcohol)</u>		<u>[Signature]</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl. No.	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>1.</u>	<u>OP Instruments</u>	<u>Ornex Chlorhexidine</u>	<u>9:45 / 1:45</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2.</u>	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>		

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5. STERILIZATION LOG SHEET

Sl. No.	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
<u>1</u>	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>8:15am</u>	<u>12:00pm</u>	<u>15min</u>	<u>121°C</u>	<u>30psi</u>	<u>17/2/21</u> <u>8:15am to</u> <u>9:00am</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>Ultrasonic Scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>17/2/21</u> <u>9:15am to</u> <u>9:00am</u>		
<u>3</u>	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>2:15pm</u>	<u>3:00pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>17/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>4</u>	<u>Ultrasonic Scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>17/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>		
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[Signature]
 Prof. Dr. Harvey Thomas MDS
 Principal
 Al-Azhar Dental College
 Thodupuzha - 685 605

DEPARTMENT Periodontics

DATE 12/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>8:00am</u>	<u>2:30pm</u>	<u>[Signature]</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacitrol (Alcohol)</u>	<u>Yes</u>	<u>[Signature]</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
<u>Yes</u>	<u>2:30pm</u>		<u>[Signature]</u>

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
<u>1</u>	<u>OP Instruments</u>	<u>cedex glutaraldehyde 2:45:2</u>	<u>5:45/1:15 pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>D Scaling Instruments</u>	<u>"</u>	<u>"</u>		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
<u>1</u>	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>8:15am</u>	<u>10:00am</u>	<u>15min</u>	<u>121°C</u>	<u>30psi</u>	<u>12/2/21</u> <u>8:15am to</u> <u>9:00am</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>12/2/21</u> <u>9:15am to</u> <u>9:40am</u>	<u>[Signature]</u>	
<u>3</u>	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>2:15pm</u>	<u>3:00pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>12/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>4</u>	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>12/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>	<u>[Signature]</u>	
<u>5</u>									
<u>6</u>									
<u>7</u>									

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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT: Periodontics DATE: 19/8/21 153

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>9:00am</u>	<u>2:30pm</u>	<u>[Signature]</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacillol (Alcohol)</u>	<u>Yes</u>	<u>[Signature]</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

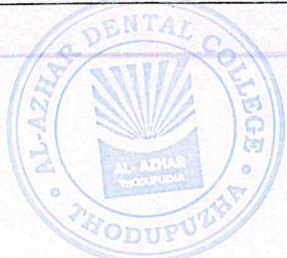
Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
<u>1</u>	<u>OP Instruments</u>	<u>rierox Ultracide/4%</u>	<u>8:45am / 1:45pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>		
<u>3</u>	<u>Surgical Instruments</u>	<u>"</u>	<u>"</u>		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
<u>1</u>	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>8:15am</u>	<u>12:00am</u>	<u>45min</u>	<u>121°C</u>	<u>35psi</u>	<u>19/8/21</u> <u>8:15am to</u> <u>9:00am</u>	<u>[Signature]</u>	
<u>2</u>	<u>Ultrasonic scaler dip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>19/8/21</u> <u>8:15am to</u> <u>9:00am</u>		<u>[Signature]</u>
<u>3</u>	<u>Surgical Instruments</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>19/8/21</u> <u>8:15am to</u> <u>9:00am</u>		
<u>4</u>	<u>Diagnostic Instruments</u> <u>Scaling Instrument</u>	<u>2:15pm</u>	<u>3:00pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>19/8/21</u> <u>2:15pm to</u> <u>3:00pm</u>	<u>[Signature]</u>	
<u>5</u>	<u>Ultrasonic scaler dip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>19/8/21</u> <u>2:15pm to</u> <u>3:00pm</u>		<u>[Signature]</u>
<u>6</u>	<u>Surgical Instruments</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>19/8/21</u> <u>2:15pm to</u> <u>3:00pm</u>		
<u>7</u>									

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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha-686 605

DEPARTMENT

Periodontics

DATE

20/2/21

154

1 FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00am	2:30pm	<i>[Signature]</i>	<i>[Signature]</i>

2 CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER.
<i>Bactrol (Alcohol)</i>	<i>Yes</i>	<i>Shimily</i>	<i>[Signature]</i>

3 FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4 MANUAL CLEANING OF INSTRUMENTS

Sl. No.	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1	<i>OP Instruments</i>	<i>Credex Ultracide/45 min</i>	<i>9:45 / 1:45</i>	<i>Shimily</i>	<i>[Signature]</i>
2	<i>Scaling Instruments</i>	<i>"</i>	<i>"</i>		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	<i>Diagnostic Instruments Scaling Instruments</i>	<i>8:15am</i>	<i>12:00am</i>	<i>45min</i>	<i>121°C</i>	<i>27psi</i>	<i>20/2/21 8:15am to 9:00am</i>	<i>Shimily</i>	<i>[Signature]</i>
2	<i>Ultrasonic scaler tip</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>20/2/21 8:15am to 9:00am</i>	<i>[Signature]</i>	<i>[Signature]</i>
3	<i>Diagnostic Instruments Scaling Instruments</i>	<i>2:15pm</i>	<i>3:00pm</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>20/2/21 2:15pm to 3:00pm</i>	<i>[Signature]</i>	<i>[Signature]</i>
4	<i>Ultrasonic scaler tip</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>20/2/21 2:15pm to 3:00pm</i>	<i>[Signature]</i>	<i>[Signature]</i>
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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

155

DEPARTMENT: Periodontics DATE: 23/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>9:00am</u>	<u>2:30pm</u>	<u>[Signature]</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacitral (Alcohol)</u>	<u>Yes</u>	<u>[Signature]</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
<u>Yes</u>	<u>2:30pm</u>		<u>[Signature]</u>

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
1	<u>OP Instruments</u>	<u>Colex Chloroxaldehyde 9.25%</u>	<u>9:15/1:15</u>	<u>[Signature]</u>	<u>[Signature]</u>
2	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
1	<u>Diagnostic Instruments Scaling Instruments</u>	<u>8:15am</u>	<u>11:00am</u>	<u>15min</u>	<u>121°C</u>	<u>35psi</u>	<u>23/2/21 8:15am to 9:00am</u>	<u>[Signature]</u>	<u>[Signature]</u>
2	<u>Ultrasonic scales tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>23/2/21 8:15am to 9:00am</u>	<u>[Signature]</u>	
3	<u>Diagnostic Instruments Scaling Instruments</u>	<u>2:15pm</u>	<u>3:00pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>23/2/21 2:15pm to 3:00pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
4	<u>Ultrasonic scales tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>23/2/21 2:15pm to 3:00pm</u>	<u>[Signature]</u>	
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Prof. Dr. Harvey Thomas MDS
 Principal
 Al-Azhar Dental College
 Thodupuzha - 685 605

156

DEPARTMENT: *Periodontics* DATE: *24/10/21*

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<i>8:00am</i>	<i>2:15pm</i>	<i>[Signature]</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL / DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<i>Bacitrol (Alcohol)</i>	<i>Yes</i>	<i>[Signature]</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl. No	SET OF INSTRUMENTS	CHEMICAL / DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<i>1</i>	<i>OP Instruments</i>	<i>Cidex glutaraldehyde 9:45-11:45</i>	<i>9:45 / 11:45</i>	<i>[Signature]</i>	<i>[Signature]</i>
<i>2</i>	<i>Scaling Instruments</i>	<i>"</i>	<i>"</i>		
<i>3</i>	<i>Surgical Instruments</i>	<i>"</i>	<i>"</i>		

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5. STERILIZATION LOG SHEET

Sl. No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
<i>1</i>	<i>Diagnostic Instruments Scaling Instruments</i>	<i>8:15am</i>	<i>10:15am</i>	<i>45min</i>	<i>121°C</i>	<i>30psi</i>	<i>24/10/21 9:15am to 9:00am</i>	<i>[Signature]</i>	
<i>2</i>	<i>Ultrasonic scaler tip</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>24/10/21 9:15am to 9:00am</i>		<i>[Signature]</i>
<i>3</i>	<i>Surgical Instruments</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>24/10/21 9:15am to 9:00am</i>		
<i>4</i>	<i>Diagnostic Instruments Scaling Instruments</i>	<i>2:15pm</i>	<i>3:00pm</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>24/10/21 2:15pm to 3:00pm</i>		
<i>5</i>	<i>Ultrasonic scaler tip</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>24/10/21 2:15pm to 3:00pm</i>		<i>[Signature]</i>
<i>6</i>	<i>Surgical Instruments</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>24/10/21 2:15pm to 3:00pm</i>		
<i>7</i>									

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Prof. Dr. Harvey Thomas MDS
 Principal
 Al-Azhar Dental College
 Thodupuzha - 685 605

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DEPARTMENT Perio. Periodontics DATE 25/10/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>8:00am</u>	<u>2:30pm</u>	<u>[Signature]</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Betadine (Alcohol)</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
<u>Yes</u>	<u>2:30pm</u>	<u>[Signature]</u>	<u>[Signature]</u>

4. MANUAL CLEANING OF INSTRUMENTS

Sl. No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1	<u>CP Instruments</u>	<u>Cidex Clorox/Alcohol 2:45/2</u>	<u>9:45/1:45</u>	<u>[Signature]</u>	<u>[Signature]</u>
2	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>	<u>[Signature]</u>	<u>[Signature]</u>

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5. STERILIZATION LOG SHEET

Sl. No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	<u>Diagnostic Instruments Scaling Instruments</u>	<u>8:15am</u>	<u>10:00am</u>	<u>15min</u>	<u>121°C</u>	<u>30psi</u>	<u>25/10/21 8:15am to 9:00am</u>	<u>[Signature]</u>	<u>[Signature]</u>
2	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>25/10/21 8:15am to 9:00am</u>	<u>[Signature]</u>	<u>[Signature]</u>
3	<u>Diagnostic Instruments Scaling Instruments</u>	<u>2:15pm</u>	<u>3:00pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>25/10/21 2:15pm to 3:00pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
4	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>25/10/21 2:15pm to 3:00pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
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Prof. Dr. Harvey Thomas MDS
 Principal
 Al-Azhar Dental College
 Thodupuzha - 685 605

DEPARTMENT: Periodontics DATE: 22/2/21

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>8:00am</u>	<u>2:30am</u>	<u>[Signature]</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacillol</u>	<u>Yes</u>	<u>[Signature]</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>1</u>	<u>OP Instruments</u>	<u>cedex Glideraldehyde 2.45%</u>	<u>8.45/1.45</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>	<u>[Signature]</u>	<u>[Signature]</u>

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/HICC MEMBER
		START	END	CYCLE LENGTH					
<u>1</u>	<u>Diagnostic Instruments</u> <u>Scaling Instrument</u>	<u>8:15am</u>	<u>9:00am</u>	<u>45min</u>	<u>121°C</u>	<u>30psi</u>	<u>22/2/21</u> <u>8:15am to</u> <u>9:00am</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>Ultrasonic scaler dip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>22/2/21</u> <u>8:15am to</u> <u>9:00am</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>3</u>	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>2:15pm</u>	<u>3:00pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>22/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>4</u>	<u>Ultrasonic scaler dip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>22/2/21</u> <u>2:15pm to</u> <u>3:00pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
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<u>6</u>									
<u>7</u>									

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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

DEPARTMENT Periodontics DATE 27/8/21 159

1 FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>8:00am</u>	<u>2:30pm</u>	<u>[Signature]</u>	<u>[Signature]</u>

2 CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacillol</u>	<u>Yes</u>	<u>[Signature]</u>	<u>[Signature]</u>

3 FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
1	<u>DP Instruments</u>	<u>Coker glutaraldehyde 2.45%</u>	<u>9:15/1:45</u>	<u>[Signature]</u>	<u>[Signature]</u>
2	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>		
3	<u>Surgical Instruments</u>	<u>"</u>	<u>"</u>		


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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
1	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>8:15am</u>	<u>11:00am</u>	<u>45min</u>	<u>121°C</u>	<u>20psi</u>	<u>[Indicator]</u>	<u>[Signature]</u>	<u>[Signature]</u>
2	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>[Indicator]</u>		
3	<u>Surgical Instruments</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>[Indicator]</u>		
4	<u>Diagnostic Instruments</u> <u>Scaling Instruments</u>	<u>2:15pm</u>	<u>3:15pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>[Indicator]</u>		
5	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>[Indicator]</u>		
6	<u>Surgical Instruments</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>[Indicator]</u>		
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Prof. Dr. Harvey Thomas MDS
 Principal
 Al-Azhar Dental College
 Thodupuzha - 685 605

DEPARTMENT PERIODONTICS DATE 20/8/21 160

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
8:00 am	2:30 pm	<i>[Signature]</i>	<i>[Signature]</i>

2. CLEANING - DENTAL CHAIR

CHEMICAL / DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
Yes Bacitral (Alcohol)	2:30 pm Yes	<i>[Signature]</i>	<i>[Signature]</i>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE
Yes	2:30 pm		<i>[Signature]</i>

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL / DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
1	CP Instruments	CIDEX Glutaraldehyde 2.4 5%	8:45 am / 1:45 pm	<i>[Signature]</i>	<i>[Signature]</i>
2	Scaling Instruments	"	"		


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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATORS SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
		START	END	CYCLE LENGTH					
1	Diagnostic Instruments Scaling Instruments	8:15 am	9:00 am	45 min	121°C	30 psi	20/8/21 5:45 am to 9:00 am	<i>[Signature]</i>	<i>[Signature]</i>
2	Ultrasonic scaler tip	"	"	"	"	"	20/8/21 5:15 am to 9:00 am		<i>[Signature]</i>
3	Diagnostic Instruments Scaling Instruments	2:15 pm	3:00 pm	"	"	"	20/8/21 2:15 pm to 3:00 pm	<i>[Signature]</i>	<i>[Signature]</i>
4	Ultrasonic scaler tip	"	"	"	"	"	20/8/21 2:15 pm to 3:00 pm		<i>[Signature]</i>
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 Prof. Dr. Harvey Thomas MDS
 Principal
 Al-Azhar Dental College
 Thodupuzha-685 605

DEPARTMENT Periodontics

DATE 30/8/21

161

1. FLOOR CLEANING

TIME OF CLEANING		HOUSE KEEPING INCHARGE SIGNATURE	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
MORNING	NOON		
<u>8:00 Am</u>	<u>2:30 pm</u>	<u>[Signature]</u>	<u>[Signature]</u>

2. CLEANING - DENTAL CHAIR

CHEMICAL /DISINFECTANT USED	CLEANED AFTER EACH PATIENT (YES/NO)	ATTENDER INCHARGE (SIGNATURE)	SIGNATURE OF THE STAFF INCHARGE / HICC MEMBER
<u>Bacidal (Alcohol)</u>	<u>Yes</u>	<u>[Signature]</u>	<u>[Signature]</u>

3. FUMIGATION

FUMIGATION DONE YES/NO	TIME	SIGNATURE	REMARKS & SIGNATURE OF STAFF IN CHARGE

4. MANUAL CLEANING OF INSTRUMENTS

Sl No	SET OF INSTRUMENTS	CHEMICAL /DISINFECTANT USED AND IMMERSION TIME	TIME OF THE DAY	ATTENDER INCHARGE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
<u>1</u>	<u>OP Instruments</u>	<u>CIDEX Glutaraldehyde 2:45</u>	<u>2:45 am / 1:45 pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>Scaling Instruments</u>	<u>"</u>	<u>"</u>		

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5. STERILIZATION LOG SHEET

Sl No	SET OF INSTRUMENTS	TIME			TEMP C/ F	PRESSURE	TEMP SENSITIVE INDICATOR	OPERATOR'S SIGNATURE	SIGNATURE OF THE STAFF INCHARGE/ HICC MEMBER
		START	END	CYCLE LENGTH					
<u>1</u>	<u>Diagnostic Instruments Scaling Instruments</u>	<u>8:15am</u>	<u>9:00am</u>	<u>45min</u>	<u>121c</u>	<u>30psi</u>	<u>30/8/21 9:15am to 9:00am</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2</u>	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>30/8/21 8:15am to 9:00am</u>		
<u>3</u>	<u>Diagnostic Instruments Scaling Instruments</u>	<u>2:15pm</u>	<u>3:00pm</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>30/8/21 2:15pm to 3:00pm</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>4</u>	<u>Ultrasonic scaler tip</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>30/8/21 2:15pm to 3:00pm</u>		
<u>5</u>									
<u>6</u>									
<u>7</u>									

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Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605