



EOM report - Lead Dental Assistant

Send a completed form to Integrator at the end of each month.

Month/Year: _____

Report	Notes	Date Completed	Initials
Beginning of Month			
Met with Clinical Manager to review goals and issues			
Assign monthly checklist duties			
Before End of Month			
Monthly DA checklist completed			
Crowns inventory completed			
Check emergency oxygen levels			
Check AED battery status			
Check first aid kit for expired medications			
Complete instrument/equipment maintenance checklist			
Between 1st - 5th			
Review assistant monthly checklists for both clinics			
On or before the 5th			