# Induction Training Checklist for:

# [name of staff member]

[Adapt this checklist to suit the requirements of each specific post in your practice]

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| **General** | **Date** | **Review Date** |
| Hours  |  |  |
| Leave |  |  |
| Job description |  |  |
| Practice policies  |  |  |
|  1) Health & Safety |  |  |
|  2) Equality and Diversity |  |  |
|  3) Infection Control, including Decontamination |  |  |
|  4) Risk Assessment/Management |  |  |
|  5) Discipline/Grievance |  |  |
|  6) Absence from Work  |  |  |
|  7) Confidentiality |  |  |
|  8) Data Protection |  |  |
| **Administrative** | **Date of training and****Trainer’s initials** | **Checked competency****and initials** |
| Opening /closing procedure |  |  |
| Answering phone |  |  |
| Making appointments |  |  |
| Computer operation  |  |  |
| Cash register |  |  |
| Switch machine |  |  |
| Payments & refunds |  |  |
| Complaints |  |  |
| Health and safety |  |  |
| Filing system/storage |  |  |
| Record keeping admin requirements |  |  |
| Answer machine/fax  |  |  |
| Referrals |  |  |
| Communication systems |  |  |
| **Surgery operation** |  |  |
| Chair function |  |  |
| On/Off switches |  |  |
| Handpiece connections  |  |  |
| Foot control |  |  |
| Bottle system |  |  |
| Tray systems |  |  |
| Storage  |  |  |
| Cleaning products and regimes |  |  |
| Chairside requirements  |  |  |
| Hand Hygiene |  |  |

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|  | **Date of training and** **Trainer’s initials** | **Checked competency****and Initials** |
| **Decontamination - LDU**  |  |  |
| Transport System |  |  |
| Protective equipment  |  |  |
| LDU layout and flow |  |  |
| Manual Cleaning  |  |  |
| Ultrasonic cleaner: operating, loading and testing  |  |  |
| Washer disinfector(s): operating, loading and testing |  |  |
| Sterilizer(s): operating loading and testing  |  |  |
| Inspecting instruments |  |  |
| Packing and storing systems  |  |  |
| End-of-day/out-of-hours procedures |  |  |
| Decontamination equipment maintenance  |  |  |
| Contingency planning |  |  |
| Compressor site and control switch |  |  |
| **Other** |  |  |
| X-ray Machine |  |  |
| Film holders |  |  |
| Storage |  |  |
| Developer |  |  |
|  |  |  |
| Tray system |  |  |
| Instrument names |  |  |
| Storage |  |  |
|  |  |  |
| Exam procedure |  |  |
| Restorative requirements |  |  |
| Endodontics |  |  |
| Extractions |  |  |
| Periodontics |  |  |
| Prosthetics |  |  |
|  |  |  |
| Record keeping |  |  |
| Charting  |  |  |
| BPE |  |  |
|  |  |  |
| Materials / mixing |  |  |
| Cements  |  |  |
| Filling materials |  |  |
| Impression materials |  |  |
|  |  |  |
| Referrals |  |  |
| Lab collection including disinfection of work |  |  |
| Prescribing guidelines |  |  |

**Version history**

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| --- | --- | --- | --- | --- |
| **Date** | **Version No.** | **Summary of change(s)** | **Updated by** | **Next review date** |
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