OKLAHOMA DEPARTMENT OF CORRECTIONS
DENTAL DAILY SHARPS AND TOOL RECONCILIATION

Facility: _____Month: _____Year: _____

Note: Inventory count of all tools and sharps on the current master list will be conducted twice daily. Any **UNRESOLVED** discrepancies will be reported immediately that day to the Chief of Security, facility head, supervisor, and Correctional Health Services Administrator/Nurse Manager.

	Daily Dental Count		Count Correct		Daily Dental Count		Count Correct	
Date	**AM COUNT TIME**	**Dental Staff (Initials)**	**Yes**	**No**	**PM COUNT TIME**	**Dental Staff (Initials)**	**Yes**	**No**
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Dental Staff Signature	Initials	Dental Staff Signature	Initials	Dental Staff Signature	Initials