

Personal Protective Equipment Checklist

Department/ Clinic- **PERIODONTICS**

Dep/Clinic In-charge- **Dr. K.S.V. Ramu**

Month/Year-

MAY - 2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. K.S.V. Ramu																															

Note: Fill in the date of each student's observation.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

VISHNU DENTAL COLLEGE

Personal Protective Equipment Checklist

Department/Clinic- **PERIODONTICS**

Dept/Clinic In-charge- **DR. K.S.V. Ramesh**

Month/Year-

JUNE-23

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	Dr. K.S.V. Ramesh	

Note: Even if a single student does not pass, the batch is not to be declared as competent.

Note: Even If a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Department/ Clinic-
Dental/Preventive Environment Checklist

Department/ Clinic-

Month/Year-

PERIODONTICS

July-2023

Dept/Clinic In-charge-

Dr. Mohan Kumar

Sl. no.	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic-

PERIO DONUTS

Dept/Clinic In-charge-

Dr. Moham Khamis

Month/Year-

AUGUST-23

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. [Signature] 28/08/23 29/08/23 30/08/23 31/08/23 01/09/23 02/09/23 03/09/23 04/09/23 05/09/23 06/09/23 07/09/23 08/09/23 09/09/23 10/09/23 11/09/23 12/09/23 13/09/23 14/09/23 15/09/23 16/09/23 17/09/23 18/09/23 19/09/23 20/09/23 21/09/23 22/09/23 23/09/23 24/09/23 25/09/23 26/09/23 27/09/23 28/09/23 29/09/23 30/09/23 01/10/23																																

Note: Even if a single student doesn't follow any of the above criteria, the entire batch will be marked as 'Not Compliant'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/ Clinic-

PERIODONTICS

Dept/Clinic In-charge- **Dr Mohan Kumar**

Month/Year-

SEPTEMBER-23

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	S	✓	✓	✓	✓	✓	S	✓	✓	✓	✓	✓	✓	S	↓	Y	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	N	✓	✓	✓	✓	✓	N	✓	✓	✓	✓	✓	✓	N	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4	Use of high suction aspirator for aerosol generating procedures	✓	✓	A	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Signature of Faculty In-Charge	MK																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as not followed.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic:

PER10 DENTICS

Deputy/Clinic In-charge:

Dr. Anil Kumar

Month/Year:

OCTOBER - 2023

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Docking of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Docking of PPE as designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]																																

Note: Even if a single student doesn't follow PPE as per the guidelines, the entire batch will be marked as 'Not Compliant'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

VISHNU DENTAL COLLEGE

Personal Protective Equipment Checklist

Department/Clinic: Periodontics

Dep/Clinic In-charge: Dr. Anil Kumar

Month/Year: NOVEMBER-23

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves, shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Anil Kumar																															

Note: Even if a single student doesn't follow PPE as per the checklist, that he worked as per the

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic

PERIODONTICS

Month/Year

DECEMBER-23

Duty/Clinic In-charge

Dr. Anil Kumar

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	↓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	5	✓	✓	✓	✓	✓	✓	5	✓	✓	✓	✓	✓	✓	5	✓	✓	✓	✓	✓	✓	✓	✓	↓	5	✓	✓	✓	✓	✓	5
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	D	✓	✓	✓	✓	✓	✓	D	✓	✓	✓	✓	✓	✓	D	✓	✓	✓	✓	✓	✓	✓	✓	↓	5	✓	✓	✓	✓	✓	D
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]																															

Note: Even if a student is absent, the faculty member must sign the sheet.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

VISHNU DENTAL COLLEGE

Department of Preventive Dentistry Checklist

Department Chief:

PERIODONTICS

Month/Year:

JANUARY-2024

Supervisor In-charge:

Dr. G. Sathya

Sl. No.	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective cover etc., surgical gown mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or substituted	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for an oral spraying procedure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Proper use of rubber dam appliance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Testing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Signature of Faculty In-Charge	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya	Dr. G. Sathya

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

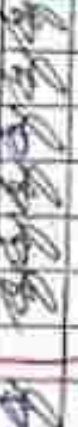
Personal Protective Equipment Checklist

Department/Clinic: **PERIODONTICS**

Deputy/Clinic In-charge: **Dr. G. Sathulica**

Month/Year:

FEBRUARY - 24

Sl. No.	Criteria	Date																																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
1	Hand Hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical facemask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are worn and or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction separator for aerosol generating procedure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Continuous use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Disinfection of PPE in designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Signature of Faculty In-Charge:		   																																	

Note: Even if a single student doesn't follow any

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

VISHNU DENTAL COLLEGE

Personal Protective Equipment Checklist

Department/Clinic: **PERIODONTICS**

Deputy In-charge: **Dr. G. Sudhina**

Month/Year: **MARCH-2024**

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE: Sterilized gown, protective eyewear, surgical cap, mask, gloves, shoe covers and face shields	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are worn and are discarded	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Adherence to use of rubber dam (includes)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Disinfection of PPE as designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Signature of Faculty In-Charge		Dr. G. Sudhina																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic-

PERIO DENTICS

Month/Year-

APRILS-2024

Dept/Clinic In-charge-

Dr. K.S.V. Raveesh

Sl. no.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	↓	✓	✓	↓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, napped mask, double gloves, face shield)	✓	✓	✓	✓	✓	↓	✓	✓	↓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shell remove the gloves that are worn, and or punctured	✓	✓	✓	✓	✓	↓	✓	✓	↓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	↓	✓	✓	↓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Admission time of patient done	✓	✓	✓	✓	✓	↓	✓	✓	↓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE as designated area in the dental clinic	✓	✓	✓	✓	✓	↓	✓	✓	↓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Signature of Faculty In-charge	✓	✓	✓	✓	✓	↓	✓	✓	↓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE, as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- **Prosthodontics Department**

Month/Year-

May - 2023

Dep/Clinic In-charge- **Dr. Bheemalingeswara Rao**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Doubling of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Meticulous use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE in designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: Prosthodontics Department

Month/Year: June - 2023

Dept/Clinic In-charge: Dr. Sheemadilgawara Rao

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Ditching of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shell removes the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: Prosthodontics Department

Month/Year: July - 2023

Deputy/Clinic In-Charge:

D. Bhavanidharan

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as "X" in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic:

Prosthodontic Department

Month/Year:

August - 2023

Dept/Clinic In-charge:

Dr. Bhavna Singh Sarda Rao

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Wearing of PPE (Surgical gown, protective eyewear, surgical masks, preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (that remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Futious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Defining of PPE as designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao	Dr. Bhavna Singh Sarda Rao

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic- **Prosthodontics**

Month/Year- **September-2023**

Dept/Clinic In-charge- **Dr. Bhramarajugeshwara Rao**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut, or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Adequate use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	Dr. Bhramarajugeshwara Rao	

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Month/Year: **October - 2023**

Department/ Clinic: **Pediatric Pg Clinic**

Dept/Clinic In-charge: **Dr. Bhavanilingshwar Rao**

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge:	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic

Prosthodontic Clinic

Month/Year

November - 2023

Dept/Clinic In-charge

Dr. Bhaskaralingeswara Rao

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (don't remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: *Prosthodontic clinic*

Month/Year: *December-2023*

Dept/Clinic In-charge: *Dr. Bhavanalingappa Rao*

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge																																	

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic-

Protho PG clinic

Month/Year-

January - 2024

Dept/Clinic In-charge-

Dr. Bhrama Linga Swara Rao

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- **Prosthodontic Clinic**

Month/Year- **February - 2024**

Dept/Clinic In-charge-

Dr. Bhema Lingeswara Rao

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Indications use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Bhema Lingeswara Rao																																

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic- **Prosthodontic Clinic**

Month/Year- **March - 2024**

Dep/Clinic In-charge- **Dr. Bhrama Lingaswara Rao**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of glove/shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Disinfecting of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: **Prosthodontics**

Month/Year:

April - 2024

Dept/Clinic In-charge: **Dr. Bhavna Lingappa Rao**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE in designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge:	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: 36-7

Month/Year: April - 2024

Dep/Clinic In-charge- Dr. B. Anish

[illegible]

Note: Even if a single student doesn't follow FPEs per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic- UG - A

Deputy/Clinic In-charge- D. Kalyan Saiel, Sr

Month/Year- March 2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedure	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Adequate use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	D. Kalyan Saiel, Sr																															

Note: Even if a single student doesn't follow PPEs per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: UG-7

Month/Year: February 2024

Duty/Clinic In-charge: Dr. Kalyan Satish S

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
6	Disinfecting of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	Signature of Faculty In-Charge	[Signature]																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as "X" in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: EX-1

Deputy Clinician in-charge: Dr. Anand Babu Sir

Month/Year: January 2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	R	B	B	B	A	D	A	D	A	D	B	B	A	D	B	A	B	B	A	D	B	A	B	B	A	D	B	A	B	B	A	D

Note: Even if a single student doesn't follow PPE, as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: CQ-7

Month/Year: December/2023

Dept/Clinic In-charge: Dr. Navasimha Sir

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Indications use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Disinfecting of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Dr. Navasimha Sir																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic - UG - A

Month/Year - November 2023

Dept/Clinic In-charge - D. Narasimha B.V.

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Doffing of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	D. Narasimha B.V.																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department Clinic - U4 - 7

Deputy Clinic In-charge - Dr. Anil Kumar, Sr

Month/Year - October/2023

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE in designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Dr. Anil Kumar																																

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: Eq-1

Month/Year: September / 2023

Dep/Clinic In-charge: Dr. Divya Mahan

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan	Dr. Divya Mahan

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: CQ-4

Dept/Clinic In-charge: Dr. Drupa. Naam

Month/Year: August / 2022

Sr. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Indicative use of rubber dam isolated	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Signature of Faculty In-Charge		Dr. V. S. Srinivasan																																

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: UG-7

Month/Year: July/2023

Dept/Clinic In-charge: D. Anand Siv

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shield)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves/shall remove the gloves that are dirty, cut or punctured)	S	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	U	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Indication use of rubber dam isolation	D	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE in designated area in the dental clinic	N	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	D. Anand Siv																															

Note: Even if a single student doesn't follow PPE as per this checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: CC-1

Month/Year: June/2023

Deputy/Clinic In-charge: Dr. Anand S.

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mask/mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Indicating use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)	(Dr)

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- 04-7

Month/Year- May / 2023

Dept/Clinic In-charge- Dr. Aruna SR

Sl. No	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
2	Dressing of PPE (Surgical gown, protective eyewear, surgical masks, preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
6	Design of PPE as designated area in the dental clinic.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	Signature of Faculty In-Charge	P	A	R	A	N	A		P	A	R	A	N	A		P	A	R	A	N	A		P	A	R	A	N	A		P	A	R	A	

Note: Sign off a table student doctors follow this

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/ Clinic: Oral S (P29)

Teacher/Institute In-charge: Ms. Eshwari Reddy

Month/Year: July 2023

Sl. No.	Criteria	Date																				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	Hand Hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Wearing of PPE (Goggles), gloves, protective eyewear, apron, etc.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Proper use of disinfectant/sterilant in the lab	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Proper use of autoclave	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Proper use of sharps container	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Proper use of biohazard waste disposal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Proper use of spill kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Proper use of fire extinguisher	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Proper use of first aid kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Proper use of emergency exit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	Proper use of fire alarm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	Proper use of fire extinguisher	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	Proper use of fire alarm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	Proper use of fire extinguisher	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	Proper use of fire alarm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	Proper use of fire extinguisher	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	Proper use of fire alarm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	Proper use of fire extinguisher	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	Proper use of fire alarm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20	Proper use of fire extinguisher	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21	Proper use of fire alarm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Teacher/Institute In-charge: Ms. Eshwari Reddy

Personal Protective Equipment Checklist

Department: CHS (P&A)

Department/Building: N. Graham Hall

Month/Year: AUGUST 2022

Category:

Date:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Face Mask	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. Eye Protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. Physical Distancing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. Vaccination Status	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. Travel History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. Symptom Monitoring	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8. Contact Tracing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. Emergency Preparedness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. Incident Response	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. Communication	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. Training	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13. Safety	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14. Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15. Documentation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16. Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17. Feedback	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18. Improvement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19. Reporting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20. Evaluation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21. Summary	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
22. Conclusion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
23. Final Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
24. Sign-off	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
25. Approval	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
26. Distribution	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
27. Archiving	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28. Retention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29. Disposal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30. Final Check	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
31. Overall Status	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Boxes with a checkmark (✓) indicate that the checklist item was followed. Boxes with an "X" indicate that the checklist item was not followed.

Personal Protective Equipment Checklist

Department/Club: CHHS (P&S)

Member Name: Preston, Ben

Month/Year:

SEPTEMBER/2023.

SI	Clothing	Date											
		1	2	3	4	5	6	7	8	9	10	11	12
1	Long-sleeved shirt	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Long-sleeved pants	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Gloves	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Face mask	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Eye protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Head protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Foot protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Respiratory protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Personal protective equipment (PPE)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	Respiratory protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	Personal protective equipment (PPE)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	Respiratory protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	Personal protective equipment (PPE)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	Respiratory protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	Personal protective equipment (PPE)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20	Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21	Respiratory protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
22	Personal protective equipment (PPE)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
23	Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
24	Respiratory protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
25	Personal protective equipment (PPE)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
27	Respiratory protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	Personal protective equipment (PPE)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29	Hand hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	Respiratory protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
31	Personal protective equipment (PPE)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Notes: Enter a checkmark (✓) in the appropriate box for the checked item. Enter 'N' in the above columns.



1st command: 1st row only: F₁ (polyprotic chloride)

$$\text{Derivatives of } \mathcal{G}_\alpha: \quad \partial \mathcal{M} \mathcal{F}_\alpha(\mathbf{p}, \mathbf{G})$$
Theodore J. Lutz, Jr., *University of Maryland, Baltimore*

Month/Year: OCTOBER 12, 2023

No.	Comments	Date
1		✓
2		✓
3		✓
4		✓
5		✓
6		✓
7		✓
8		✓
9		✓
10		✓
11		✓
12		✓
13		✓
14		✓
15		✓
16		✓
17		✓
18		✓
19		✓
20		✓
21		✓
22		✓
23		✓
24		✓
25		✓
26		✓
27		✓
28		✓
29		✓
30		✓
31		✓

Functional Properties: Rapidly Drying Effect

Deoxyribose methyl chloride DMRS (β -6)

David Clarke, Managing Director, New York

Month/Year: 10/01/2023 / 2023

[illegible]



Personal Protective Equipment Checklist

Department of Clinical Oncology (P. K.)

Исполнитель: А.С.Савин

Month/Year:

December 1/2023.

Date		Activity	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	

Perennial Protective Equipment Checklist

Department: ORP (P6)

Responsible In-Charge: M. G. S. S. S.

Month/Year: NOV 2021

Sl. No.	CATEGORY	Date																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	Eye Protection (Goggles, face shield, safety glasses, etc.)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Hand Protection (Gloves)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Foot Protection (Safety shoes)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Head Protection (Hard hat)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Respiratory Protection (Mask)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Body Protection (Lab coat, apron, etc.)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Personal Hygiene (Hand sanitizer, etc.)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Fire Extinguisher	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
22	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
23	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
24	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
25	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
27	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
31	First Aid Kit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE, the checklist shall be marked as 'N' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: **CHFS (PG)**

Dept/Clinic In-charge: **Dr. G. S. Ravi**

Month/Year: **FEBRUARY / 2024**

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Goggles, gown, protective eyewear, surgical mask, nitrile gloves, shoe covers, cap and face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (half resistant to the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Proper use of alcohol disinfectant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE in designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi	Dr. G. S. Ravi

Note: From 15 onwards, the student is not present in the clinic.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'N' in the above column.

Personal Protective Equipment Checklist

Department: ORAL SURG.

Preclinical Teacher: H. Sathya Devi

Month/Year: MARCH/2024

Sl. No.	Activity	Date											
		1	2	3	4	5	6	7	8	9	10	11	12
1	1. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	2. Goggles	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	3. Mask	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	4. Cap	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	5. Glove	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	6. Apron	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	7. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	8. Sterilization of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	9. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	10. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	11. Sterilization of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	12. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	13. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	14. Sterilization of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	15. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	16. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	17. Sterilization of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	18. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	19. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20	20. Sterilization of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21	21. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
22	22. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
23	23. Sterilization of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
24	24. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
25	25. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	26. Sterilization of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
27	27. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	28. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29	29. Sterilization of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	30. Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
31	31. Disinfection of Instrument	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Please fill in single standard format 1 below PPE as per the checklist shall be marked as 'N' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic-

ORTH

Depu/Clinic In-charge-

Month/Year-

11/5/23
MAR

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic-

ORFHO

Dept/Clinic In-charge-

Month/Year-

11/6/23

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	SUNDAY			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	SUNDAY			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	SUNDAY			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	SUNDAY			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow any of the criteria, the entire group will be marked as 'Not Compliant'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: ORPHD

Month/Year: 1/7/23

Dep/Clinic In-charge: [Signature]

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: ORS #10

Month/Year: 8/23

Deputy/Clinic In-charge: [Signature]

Sl. No	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Doubling of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: **ORPHO**

Deputy/Clinic In-charge: **[Signature]**

Month/Year: **10/23**

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge																																

Note: Even If a single student doesn't follow PPE, its not the checklist shall be marked as not followed.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Check List

Department/ Clinic: O R C + H O

Deputy/ Clinic In-charge: *[Signature]*

Month/Year: 10/23

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly			✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)			✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	SUNDAY																															
4	Use of high suction apparatus for aerosol generating procedures			✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Justicious use of rubber dam																																
6	Donning of PPE at designated area in the dental clinic			✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
		SUNDAY																															
				✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓
				✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓
		SUNDAY																															
				✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: DEPTH

Deputy/Clinic In-charge:

Month/Year: 11/23

Sl. no	Criteria	Date																														
1	Hand hygiene is performed correctly	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2	Docking of PPE (Surgical gloves, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Docking of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: ORGTHO

Month/Year: 12/23

Dep/Clinic In-charge:

Sl. no	Criteria	Date																														
1	Hand hygiene is performed correctly	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic- DEENTHO

Deputy Clinic In-charge

Month/Year-

11/24

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Doubling of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: ORS+HD

Deputy/Clinic In-charge:

Month/Year: 1/2/24

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Dipping of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: ORTHO

Deputy Clinic In-charge

Month/Year: 1/3/24

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mask, nitrile gloves, and face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Indicating use of rubber dam	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE in designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a student doesn't follow any of the criteria, the student will be marked as 'Not Compliant'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/ Clinic- **DECHD**

Deputy Clinic In-charge:

Month/Year- **1/4/24**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Radical use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE, we use the facilities about the same as we use

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: UG-3

Dept/Clinic In-charge:

Month/Year: May - 2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Adequate use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Defining of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty in-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic- **V4 - 3:**

Month/Year-

JUNE 2023

Dept/Clinic In-charge-

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mask, preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: UG-3

Dept/Clinic In-charge:

Month/Year:

JULY - 2023

Sl. no.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask, preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as "X" in the above columns.

Personal Protective Equipment Checklist

Department/Clinic-

UG - 3

Month/Year- August - 2023

Dept/Clinic In-charge-

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of glove (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	Dr. H. A. Srinivas	

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shell remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Booting of PPE in designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Month/Year: OCTOBER - 2023

Department/ Clinic:
Dept/Clinic In-charge:

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of glove/shell remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Justification use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Dressing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge																																

Note: Even if a single student doesn't follow, mark as not done.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- U93

Dept/Clinic In-charge-

Month/Year- NOVEMBER -2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE in designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	Dr. A. S. R.	

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: **U-4-3**

Deputy/Clinic In-charge:

Month/Year: **DECEMBER-23**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask, preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Justicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]	DR. [Signature]

Note: Even if a single student does a follow up, the entire group should be marked as 'follow up'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: V-6-3

Dep/Clinic In-charge:

Month/Year: January - 2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Defining of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge																																

7 → SUNDAY ←
 14 → SUNDAY ←
 PONGAL
 21 → SUNDAY ←
 26 → Republic day ←
 28 → SUNDAY ←

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: **U6-3**

Dept/Clinic In-charge:

Month/Year: **FEBRUARY - 2024**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical glove, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Adequate use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. A. S. Kulkarni																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Month/Year- MARCH - 2024

Department/ Clinic- UG-3
Dental Clinic In-charge-

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shield)	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓		Sunday	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Autoclave use of rubber dam isolation	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE as designated area in the dental clinic	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS

Note: Even if a single student doesn't follow PPEs per the checklist shall be marked as 'N' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic

UG-4

Month/Year

May/2023

Deputy Clinic In-charge: Dr. Narasimha

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Dr. Narasimha																															

Notes: Even if a single student doesn't follow PPEs, use the red ink sheet. (Awarded 0/30)

Note: Even if a single student doesn't follow PPE as per the checklist analysis marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic

VG-4

Month/Year

June/2023

Deputy/Clinic In-charge

Dr. Dhye

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE in designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	[Signature]																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: U-4

Deputy Clinic In-charge: Dr. Divya

Month/Year:

July/2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	N	D	/	/	/	/	/	N	/	/	/	/	/	/	N	D	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	[Signature]																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'N' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- VQ-4

Month/Year- August/2023

Depu/Clinic In-charge- Dr. Anil

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or soiled)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam, isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Doffing of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Anil Kumar																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: UG-4

Month/Year: September/2021

Dept/Clinic In-charge: Dr. Arundhati

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Doffing of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati	Dr. Arundhati

Note: Even if a single student doesn't follow PPE, we use the 'N' marked as 'N'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'N' in the above column.

Personal Protective Equipment Checklist

Department/ Clinic- *U-4*

Month/Year-

October/2023

Dept/Clinic In-charge- *Dr. Anand Babu*

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Justicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Anand Babu																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- UG-4

Month/Year- November 2023

Dep/Clinic In-charge- Dr. Anil

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Doffing of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Dr. Anil Dr																															

Note: Even if a single student doesn't follow PPE, we per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- UG-4

Month/Year-

December/2021

Dep/Clinic In-charge- Dr. Anil

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE in designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge																																

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: UG-4

Dept/Clinic In-charge: Dr. Sathya

Month/Year: January, 2024

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: UG-4

Month/Year: February 2024

Dep/Clinic In-charge: D. Satish

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	D. Satish																															

Note: If a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: UG-4

Month/Year:

March 2021

Dep/Clinic In-charge: Dr. Nagaraj Kumar

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Doffing of PPE at designated area in the dental clinic.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Signature of Faculty In-Charge		[Signature]																															

Note: Even if a single student doesn't follow PPE, as per the rule, the staff shall be marked as 'N' in the column.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/ Clinic: UG-4

Month/Year: April 2024

Deputy/Clinic In-charge: Dr. Nagarajsinh

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2	Donning of PPE (Surgical gown, protective eyewear, surgical masks preferably N 95 masks and face shields)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
4	Use of high suction apparatus for aerosol generating procedures	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	Judicious use of rubber dam isolation	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
6	Donning of PPE at designated area in the dental clinic.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Signature of Faculty In-Charge	Dr. Nagarajsinh																																

Note: Even if a single student doesn't follow PPDs per the college health unit, we will

Note: Even if a single student doesn't follow PPEs as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: **ORAL MEDICINE AND RADIOLOGY** Month/Year: **JUNE - 2023**

Super Clinic In-charge: **Dr. Sg. Jola**

Sl. no	Criteria	Date																																		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mask, rubber gloves) correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Proper use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Proper use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Disinfection of PPE in designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Signature of Faculty In-Charge	[Signature]																																		

Note: Doctor and staff should adhere to the checklist and sign the checklist at the end of the procedure. 'X' in the box indicates compliance.

Personal Protective Equipment Checklist

Department/ Clinic- **ORAL MEDICINE AND RADIOLOGY**

Dept/Clinic In-charge- **Dr. Jyoti**

Month/Year-

July - 2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves; still remove the gloves that are torn, cut or punctured	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti	Dr. Jyoti
Notes: Exceed 100% marks in all criteria																																	

Note: Even if a single student doesn't follow PPE for the specified snap before use, the faculty above will sign.

Department Clinic: **ORAL MEDICINE AND RADIOLOGY**

Month/Year: **AUGUST - 2023**

Day/Clinic In-Charge: **Dr. Tyota**

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene II (after each patient)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Wearing of PPE (Goggles)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Gown, protective eyewear, surgical mask, safety glasses and shoe covers preferably N 95 mask and shoe covers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Appropriate use of gloves (shall ensure the gloves are not torn and CP are removed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Limiting use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Isolation of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Signature of Faculty In-Charge	Dr. Tyota																															

Note: Every day single student perform 1 to 8 as per the checklist and assigned as "8" in signature column.

Note: Every single student must follow PPEs per the following sheet as stated as per the procedures.

Personal Protective Equipment Checklist

Department/ Clinic: ORAL MEDICINE AND RADIOLOGY

Dept/Clinic In-charge: Dr. Syofia

Month/Year:

SEPTEMBER-2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Indicating use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]																															

Note: Even the single student doesn't follow PPE at any one time, the faculty shall be held responsible.

Note: Even the single student doesn't follow PPEs put the checklist shall be signed by 'X' as above column.

Personal Protective Equipment Checklist

Department/Clinic: **ORAL MEDICINE AND RADIOLOGY**

Month/Year: **OCTOBER - 2023**

Dep/Clinic In-charge: **Dr. Gyoteti**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]																															

Note: Even if a single incident is noted, follow PPE as usual.

Note: Even if a single student does not follow PPE as per the checklist, sign up marked as 'N' in the above columns.

Periapical Protective Equipment Checklist

Department/ Clinic: **ORAL MEDICINE AND RADIOLOGY**

Month/Year: **NOVEMBER-2023**

Depot/Clinic in-charge: **Dr. Jyoti**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Jyoti																															

Note: Examiners to fill the standard record & attach the same to the file.

Note: Explain single staff don PPE as per the checklist and mark 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: **ORAL MEDICINE AND RADIOLOGY**

Month/Year: **DECEMBER-2023**

Dept/Clinic In-charge: **Dr. Syamal**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mask, face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]																															

Note: Each date a single student has to follow the criteria.

Note: By filling single student's details & follow the above column in the sheet.

Personal Protective Equipment Checklist

Department/Clinic: **OEAL MEDICINE AND RADIOLOGY**

Month/Year: **JANUARY-2022**

Dep/Clinic In-charge: **Dr. Jyoti**

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mask, preferably N 95 mask and face shield)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Drifting of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Jyoti																															

Note: Doctor/In-charge of patient records & follow-up report

Note: For the signed student dates & for the faculty for the checklist shall be signed. ✓✓ is self assessment

Personal Protective Equipment Checklist

Department/ Clinic: ORAL MEDICINE AND RADIOLOGY

Month/Year: FEBRUARY - 2024

Dep/Clinic In-charge: Tyre-Dx

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgeal gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Adelphut use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]																															

Notes: Examiners to note 13 out of 31 criteria to be fulfilled.

Note: Every single student/clinical fellow Preceptor and preceptor must be satisfied by the All the above columns.

Personal Protective Equipment Checklist

Department/Clinic: **ORAL MEDICINE AND RADIOLOGY**

Month/Year: **MARCH-2024**

Dept/Clinic In-charge: **Dr. Jayadev**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Indications use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge																																

Note: Even if a single student doesn't follow PPE or wear the gloves...

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: **OPAL MEDICINE AND RADIOLOGY**

Month/Year: **APRIL - 2024**

Dep/Clinic In-charge: **Dr. Jay Patel**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	S	✓	✓	✓	R	✓	✓	✓	S	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	D	✓	D	✓	E	✓	✓	✓	N	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	D	✓	I	✓	A	✓	✓	✓	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Indicative use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	N	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE in designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	[Signature]																															

Note: Every 11th grade student should follow this

Note: Every visible student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic

UC-8

Month/Year- May - 2023

Dept/Clinic In-charge

Dr. Anil Sir.

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.	Dr. Anil Sir.

Note: Even if a single student doesn't follow PPEs per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- UG-8

Month/Year- JUNE 2023

Dep/Clinic In-charge- Dr. Anil sir

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/ Clinic

UG-8

Dep/Clinic In-charge

Dr. Anil Sir

Month/Year

July 2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil	Dr. Anil

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic

UG-8

Dept/Clinic In-charge

Dr. Syota Reddy

Month/Year: AUGUST 2022

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/ Clinic-

Dental

Dept/Clinic In-charge-

Dr - Nandya

Month/Year- SEPTEMBER 2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	W	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic-

UG-8

Dept/Clinic In-charges-

Dr - Nandiniha SC

Month/Year- OCTOBER 2023

Sl. No	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Dressing of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic

UG-8

Dep/Clinic In-charge

Dr. Ashwini

Month/Year: NOVEMBER 2023

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD	DD

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: UG-8

Dept/Clinic In-charge: Dr. Anand S

Month/Year: Dec 2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA

Notes: Faculty In-Charge's signature shall be marked as 'X' in the above columns.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Department/ Clinic- *U-8*

Personal Protective Equipment Checklist

Dept/Clinic In-charge- *Dr. Arundhati*

Dr. Arundhati

Month/Year- *January 2024*

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati	Arundhati

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Department/Clinic - UG-8

Personal Protective Equipment Checklist

Dep/Clinic In-charge -

Dr. Anand S11

Month/Year - February 2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Even if a single student doesn't follow PPE at any time, the entire class is penalized.

Signature of Faculty In-Charge: _____

Date: _____

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/Clinic: VLG
 Dept/Clinic In-charge: Dr. Satish SA

Month/Year: March 2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Satish SA																															

Note: Even if a single student is absent, the date must be marked.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Paradental Preclinical Environment Checklist

Department/ Clinic: UG-8

Dept/Clinic In-charge: Dr. Susha SR

Month/Year: April 2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Dotting of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR	Dr. Susha SR

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: Cons. & Endo.

Month/Year: May - 2023

Dep/Clinic In-charge: Dr. K. Madhu Varma

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Doffing of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: CONS. & Endo.

Dept/Clinic In-charge: Dr. K. Madhu Varma

Month/Year: June - 2023

Sl. No	Criteria	Date																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA

Note: Even if a single student doesn't follow PPEs per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic: Cons & Endo

Deputy Clinician in-charge: Dr. K. Madhu Vasarma

Month/Year: July - 2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Asst. Prof. Dr. K. Madhu Vasarma																															

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the box.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Department/ Clinic: Cons & Endo

Personal Protective Equipment Checklist

Dept/Clinic In-charge: Dr. K. Madhu Varma

Month/Year: Sep - 2023

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	M.V.																															

Note: Even if a single student doesn't follow PPE at any time, the entire class will be penalized.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic- CONS & E.M.D

Dep/Clinic In-charge-

Dr. K. Madhu Vasima

Month/Year- Oct - 2022

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	M.A.P.	

Note: Even if a single student doesn't follow this as per the guidelines, the entire batch will be penalized.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/Clinic: **CONS & ENDO**
Dept/Clinic In-Charge: **Dr K Madhu Varma**

Month/Year: **NOV - 2023**

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge																																

Note: Even if a single student doesn't follow any of the criteria, the entire batch will be marked as 'Not Compliant'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Department/ Clinic- (CONS. Endo)
Dept/Clinic In-charge-

Dr. K. Madhu Vaswina

Month/Year- Dec 2023

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 mask and face shields)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	S	✓	✓	✓	✓	✓	✓	D	✓	✓	✓	✓	✓	✓	S	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	N	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge																																	

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Department/Clinic- Cons Endo

Dept/Clinic In-charge

Dr. K. Madhu Vaswani

Month/Year- 1-1-2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA

Note: Even if a single student doesn't follow PPE at any time, the faculty should be marked as 'No'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above column.

Personal Protective Equipment Checklist

Department/ Clinic- (ons endo)

Dept/Clinic In-charge-

Dr. K. Madhu Varma

Month/Year- Feb 2024

Sl. no	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma	Dr. K. Madhu Varma

Note: Even if a single student doesn't follow any of the criteria, the entire class will be marked as 'Not Compliant'.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- (On 54 End 0

Dept/Clinic In-charge-

Dr. K. Madhu Varma

Month/Year- March - 2024

Sl. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth masks preferably N 95 masks and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA

Note: Even if a single student doesn't follow PPE at any time, the criteria shall be considered as not followed.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic- Cons Endo

Deputy/Clinic In-charge-

Dr. K. Madhava Desma

Month/Year- Apr 2024

Sr. no	Criteria	Date																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical gown, protective eyewear, surgical mouth mask, preferably N 95 mask and face shields)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (shall remove the gloves that are torn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction apparatus for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Judicious use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Signature of Faculty In-Charge	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma	Dr. K. Madhava Desma

Note: Even if a single student doesn't follow protocol, the whole batch is marked as not compliant.

Note: Even if a single student doesn't follow PPE as per the checklist shall be marked as 'X' in the above columns.

Personal Protective Equipment Checklist

Department/ Clinic:

UG-2

Deputy Clinic In-charge:

A. J. Dings

Month/Year:

JUNE - 2023

Sl. No.	Criteria	Date																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Use of PPE (Goggles, gloves, protective clothing, apron, shoe cover, etc.) as required	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (hand removal, etc.)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
22	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
23	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
24	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
25	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
27	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
31	Use of high position	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Personal Protective Equipment Checklist

Department/Clinic: UG-2

Deputy Clinician In-charge: Am

Month/Year:

JULY -2023

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Wearing of PPE (Goggles)	↓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	↓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3	Wearing of gloves	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4	Wearing of face mask	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5	Appropriate use of gloves/shall remove the gloves that are being fit or discarded	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6	Use of high surface disinfectant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
7	Appropriate use of disinfectant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	Disinfection of the dental chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
9	Disinfection of the dental unit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
10	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
11	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
12	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
13	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
14	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
15	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
16	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
17	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
18	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
19	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
20	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
21	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
22	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
23	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
24	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
25	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
26	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
27	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
28	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
29	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
30	Disinfection of the dental unit control panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
31	Disinfection of the dental unit water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Perennial Protective Equipment Checklist

Department/Clinic:

UG-2

Inspector/In-charge:

(Signature)

Month/Year:

AUGUST - 2023

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Distance of 2m (Sample)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Wearing of protective equipment, surgical masks, gloves, gowns, etc. properly in no touch and face shields.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Appropriate use of gloves (hall, tunnel, etc.) gloves that are torn, cut or punctured.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Use of high suction apparatus for aerosol generating procedures.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Proper use of rubber dam isolation.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Donning of PPE at designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Disinfection of Facility in Clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Personal Protective Equipment Checklist

Document# Title: UG-2

Month/Year:

October - 2023

Structure change: Rebranding

SU	Cities	Date
1	Handwritten notes	1
2	Handwritten notes	2
3	Handwritten notes	3
4	Handwritten notes	4
5	Handwritten notes	5
6	Handwritten notes	6
7	Handwritten notes	7
8	Handwritten notes	8
9	Handwritten notes	9
10	Handwritten notes	10
11	Handwritten notes	11
12	Handwritten notes	12
13	Handwritten notes	13
14	Handwritten notes	14
15	Handwritten notes	15
16	Handwritten notes	16
17	Handwritten notes	17
18	Handwritten notes	18
19	Handwritten notes	19
20	Handwritten notes	20
21	Handwritten notes	21
22	Handwritten notes	22
23	Handwritten notes	23
24	Handwritten notes	24
25	Handwritten notes	25
26	Handwritten notes	26
27	Handwritten notes	27
28	Handwritten notes	28
29	Handwritten notes	29
30	Handwritten notes	30
31	Handwritten notes	31

Recurrent Preventive Equipment Checklist

Department/ Clinic: **UG-2**

Deputy/Chief In-charge: **Dr. Anand G**

Month/Year:

NOVEMBER-2023

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is maintained correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Cleaning of pip/surgical tray/surgical cover, protective eyewear, patient mask, gloves, brushes and files	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of brush/shall remove the gloves then use soap, and or antiseptic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction equipment for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Proper use of rubber dam	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	The filling of type as designated area in the device while	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Signature of Faculty In-Charge	Dr. Anand G																															

Periodontal Protective Environment Checklist

Department/Clinic: **UG-2**

Designable In-Charge: **Dr. Anand Q**

Month/Year: **DECEMBER-2023**

Sl. No.	Criteria	Date																														
1	Hand hygiene is performed correctly	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Wearing of PPE (Goggles)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Using, preferably new, surgical gloves, remove gloves only by the wrist and free the hand	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Appropriate use of disinfectant/sterilant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Use of high speed air-water spray for aerosol generating procedure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Justification for use of water line	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Definition of zone at designated area in the clinical office	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Signature of In-Charge	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Dental Protective Equipment Checklist

Department/ Clinic: **VG-2**

Month/Year:

Dental Clinic In-charge:

Dr. Anil B

FEBRUARY-2024

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1.	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Wearing of PPE (Goggles, face shield, protective gown, gloves, mask, shoe cover, cap, etc.)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	Appropriate use of gloves (not remove the gloves that are脏, and re-use them)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	Use of high suction systems for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Provisioning use of rubber dam / log tape	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Defining of PPE as designated area in the dental office	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Signature of Faculty In-Charge	DD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Personal Protective Equipment Checklist

Department/Clinic:

UG-2

Deputy/In-charge:

Dr. Anil A.

Month/Year:

MARCH - 2024.

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Gloves, Mask, Goggles, Protective Apron, Protective Eyewear, etc.) is performed correctly.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves (not touching face, etc.) is observed.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction system for aerosol generating procedure.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Justified use of rubber dam isolation.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Design of PPE in designated area in the dental clinic.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Signature of Faculty in charge.	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA

Personal Protective Equipment Checklist

Department/ Clinic- **UG-2**

Month/Year-

Duty/Clinic In-charge-

Dr. Anil D

APRIL - 2024

Sl. No.	Criteria	Date																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	Hand hygiene is performed correctly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Donning of PPE (Surgical cap, gown, gloves, face shield, mask)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Appropriate use of gloves/shell remove the gloves that are worn, cut or punctured)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Use of high suction separator for aerosol generating procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Appropriate use of rubber dam isolation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Donning of PPE at designated area in the dental clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Signature of Faculty In-Charge	Dr. Anil D Dr. Anil D																															