



Cascade Quarterly Maintenance Checklist

Office: _____	Quarter: 1 st 2 nd 3 rd 4 th
<div style="border: 1px solid black; min-height: 300px; margin-top: 5px;"><div style="border-bottom: 1px solid black; padding-bottom: 5px;"><div style="display: flex; justify-content: space-between; align-items: center; background-color: #d3d3d3; padding: 2px 5px;">Semi AnnualQuarter: 2nd 4th</div><div style="padding: 5px;"><div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Clean carpets</div><div style="width: 50%;"><input type="checkbox"/> Dust and vacuum out all computers</div><div style="width: 50%;"><input type="checkbox"/> Check all dental delivery unit hose lengths and ties</div><div style="width: 50%;"><input type="checkbox"/> Check building water filter</div><div style="width: 50%;"><input type="checkbox"/> Verify alarm and security cameras are working</div><div style="width: 50%;"><input type="checkbox"/> Test water to make sure water softener is working properly</div></div></div><div style="border-top: 1px solid black; padding-top: 10px; min-height: 150px;"><p>Items that need follow-up:</p></div></div></div>	

Technician Signature

Date