

MONTANA BOARD OF DENTISTRY
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DENTAL OFFICE INFECTION CONTROL INSPECTION REPORT

Dentists Name: _____ Inspection Date: _____

Dental Office: _____ E-Mail _____

Address: _____

City: _____ State: _____ ZIP: _____

Investigator/Inspector Name: _____

I. Phone: _____ LICENSE POSTED? Yes No

1. State License number: _____

2. DEA number (if applicable): _____

II. BARRIERS/SURFACE DECONTAMINATION BETWEEN PATIENTS:

1. Chemical Disinfectant used: _____

a. Dilution: _____

b. Approval: _____

c. How Applied: _____

2. Method: Barrier Disinfectant PHOTO?

a. Delivery units:

b. Chair Controls:

c. Light handles:

d. HVE controls:

e. Air/water syringe controls:

f. X-ray head/controls/digital sensor: _____

g. Head rest:

Barrier Disinfectant PHOTO?

- h. Dental Chair:**
- i. Instrument Tray:**
- j. Low speed motors:**
- k. Cuspidor:**
- l. Cavitron/purge line:**
- m. N2O controls:**
- n. Intra-oral cameras:**

3. Personal barrier protective equipment: YES NO PHOTO?

- a. Gloves worn:**
 - i. Treatment**
 - ii. Changed between patient contacts**
- b. Mask Worn:**
- c. Glasses worn:**
 - i. Safety**
 - ii. Patient**

III. STERILIZATION BETWEEN PATIENTS: YES NO PHOTO?

- 1. Ultrasonic cleaner:**
- 2. Autoclave and statim:**
 - a. Type:** _____
 - b. Bags or tape with heat indicator:**
 - c. Spore test log:**
- 3. Heat sterilized instruments:**
 - a. Low speed hand piece contra angle:**
 - b. Prophy angles:**

YES NO PHOTO?

- c. Nose cone sleeve:
- d. High speed hand pieces:
- e. Hand instruments:
- f. Burs:
- g. Endodontic instruments:
- h. Air-water syringe tips:
- i. High volume evacuator tips:
- j. Surgical Instruments:
- k. Sonic or ultrasonic scaler tips:
 - l. Surgical Hand pieces:
- m. Metal Impression trays:
- n. Metal anesthetic syringes:
- o. XCP dental and X-ray film holders:

4. Non heat sterilized instruments/materials:

- a. Chemical sterilant: _____
 - i. Log for changing solution:

5. N2O:

- i. MASKS/HOSES:

6. Disposable items:

DISPOSED REUSED PHOTO?

- a. Anesthetic needles:
 - i. Recap/Device:
- b. Anesthetic carpules:
- c. Anesthetic Syringes:
- d. HVE tips:

DISPOSED REUSED PHOTO?

- e. Saliva injectors:
 - f. Prophy angles:
 - g. Prophy cups:
 - h. Prophy brushes:
 - i. Polishing discs:
 - j. Bonding agent brushes:
 - k. Fluoride trays:
 - l. Impression trays:
 - m. Interproximal wedges:
 - n. Suture needles:
 - o. Sutures:
- 6. Equipment storage:** **YES NO PHOTO?**
- a. Bags:
 - b. Trays:
 - c. Cabinet:
- 7. Laboratory:**
- a. Impressions thoroughly rinsed:
 - b. Impressions sealed for transport:
 - c. Prosthetic prescriptions:
 - i. Packed separately:
 - d. Ragwheels sterilized/disinfected:
 - e. Pumice discarded:
 - f. Stones sterilized;/disinfected:

IV. OTHER HEALTH AGENCY REGULATIONS:

1. Hepatitis B vaccinations at office expense:

YES NO PHOTO?

a. Doctor:

b. Staff:

V. COMMENTS:

VI. NAMES, ADDRESSES, TELEPHONE NUMBERS OF PERSONNEL PROVIDING INFORMATION:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

I HAVE READ AND RECEIVED A COPY OF THIS REPORT.

DENTIST: _____ DATE: _____