



INFECTION CONTROL: INSPECTION AND SURVEY FORM*

Dental Office Name:		Date of Inspection:		
Licensee Name:		Owner Dentist:		
Address:		Inspector 1:		
		Inspector 2:		
		Initial Inspection []	Random Inspection []	
Compliance Level Criteria, Levels 1-4				
Level 1, Critical: Requirements must be met. Could result in immediate termination of patient care.				
Level 2, Remedial Action Required: Requires corrective compliance within 7 days.				
Level 3, Action Required: Requires corrective compliance within 30 days.				
Level 4, Action Recommended: Not required for compliance at this time. Compliance requirements are subject to change because CDC requirements might change.				
Record Keeping		1-4	Y	N
1	Each practice must have a written infection control program that is specific for the location.			
Education and Training				
2	Documentation of review of the infection control plan at least annually to ensure compliance with best practices.			
3	Documentation of bloodborne pathogens training at time of hire for practice.			
4	Documentation of education and training that is appropriate to the assigned duties of the specific DHCP, including hands-on training for all staff assigned to process semi-critical and critical instruments.			
5	Training records maintained for 3+ years.			
6	Mechanism for corrective action for any deviation from written policy. Documentation of any corrective actions.			
Confidential Employee Health Records				
7	Up-to-date confidential employee health records.			
8	Documentation of vaccinations offered to DHCP (hepatitis B, influenza, MMR, varicella, tetanus, meningococcal).			
9	Employee health records include vaccination records.			
10	Employee health records maintained for duration of employment + 30 years.			
11	Employee health records include any exposure, post-exposure, and follow-up records.			
Exposure and Post-Exposure Management				
12	Written policies and procedures regarding all occupational exposures, including a post-exposure medical plan (e.g., use of CDC needles, stick and sharps injury, exposure protocol).			
13	A 24/7 contact telephone number listed and posted for qualified DHCP.			
14	Exposure and incident reporting forms.			
15	Sharps injury log.			
Medical Conditions, Work-Related Illnesses, and Work Restrictions				
16	Written policy and procedures for patients known to have communicable disease at arrival.			
17	Written policy and procedures for work restrictions for employees infected with or exposed to communicable disease.			

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Bloodborne Pathogen Elements		1-4	Y	N	
18	Written policy and procedures for prevention of transmission of bloodborne pathogens.				
19	Written policy for hand hygiene, including documentation of training and appropriate selection of antiseptic agents.				
20	Written policies for use of PPE.				
21	Monitoring and documentation of compliance with PPE.				
22	Written policy and procedures for handling and managing sharps.				
Disinfection and Sterilization of Patient Care Items					
23	Written policies and procedures for managing semi-critical and critical items.				
24	Written system outlining entire sterilization process, including written policies and procedures for transporting and processing contaminated critical and semi-critical instruments, the instrument processing area, preparation and packaging of instruments, sterilization and storage of sterilized and clean dental instruments.				
25	Written policy and procedures for sterilization monitoring.				
26	Weekly biological monitoring logs.				
27	Current maintenance logs for sterilization equipment.				
28	Weekly biological monitoring logs maintained for 2+ years or since opening date of _____.				
29	Written policy for managing failed chemical, heat, or biological monitoring test.				
30	Equipment and maintenance logs.				
Environmental Infection Control Elements					
31	Written policy and procedures for aseptic management during patient care.				
32	Written policy and procedures for surface disinfection and environmental barrier protection.				
33	Written policy and procedures for medical waste management.				
34	Name and telephone number of licensed waste hauler for regulated waste.				
35	Written policy and procedures for decontaminating spills of blood or other body fluids.				
36	Written policy and procedures to improve dental unit water quality.				
37	Documentation of dental unit water lines testing to meet EPA potable water standard.†				
38	Documentation of action taken to meet EPA potable water standard, including re-testing.				
39	Written policy and procedures for maintaining asepsis and preventing cross-contamination when obtaining and processing dental radiographs.				
40	Written policy and procedures for maintaining asepsis and preventing cross-contamination during dental laboratory procedures.				
Other					
41	A comprehensive and annually updated medical history form for patient evaluations.				
Communicable Disease Control Procedures		1-4	Y	N	NA
42	Single use or sterilization of critical items.				
43	Multi-dose vials used.				
44	If yes, vials are entered only with a new sterile syringe with a new sterile needle.				
45	Cap of multi-dose vial cleaned with alcohol-based wipe before being accessed.				
46	Multi-use vials are discarded when expired or 28 days after initial access. Must have date when first accessed.				
47	Initial access is dated on the multi-use vials.				
48	Fluid infusion and administration sets (IV bags, tubing, connectors) are used.				
49	If yes, each set used on one patient only.				
50	Disposed of after single use.				
51	Single IV bag is not used to mix medications for more than one patient.				
52	Single-dose medication infusions used for only one patient and then discarded.				
53	Personnel wear utility gloves when processing contaminated instruments. Latex-type gloves are not used for patient care.				
54	Supplies for hand hygiene are accessible to employees at point of need.				

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55	Soap and water are easily accessible.				
56	Alcohol-based rubs are easily accessible, if used.				
57	Team members display appropriate hand hygiene techniques.				
Appropriate PPE Supplies for Exposure Risks		1-4	Y	N	
58	A) Gloves (latex and latex-free or just latex-free).				
	B) Sterile surgical gloves for surgical procedures.				
59	Masks.				
60	Safety glasses with side shields or full face shields.				
61	Disposable gowns or laundered gowns offered.				
62	DHCP display appropriate use of PPE barriers.				
63	Running water eye wash station accessible.				
64	Appropriate barrier products available (dental dams, protective eyewear).				
65	Basic first aid products and equipment available (recommend including nitroglycerin, Benadryl, epi-pen, oxygen, aspirin, albuterol, glucose, glucagon).				
Dental Unit Water Quality		1-4	Y	N	NA
66	Dental unit water lines are flushed between patients for a minimum of 20 seconds.				
67	Dental unit water lines are treated to remove biofilm.				
68	Maintain documentation of dental unit water line testing to meet the EPA potable water standard.†				
69	Maintain documentation of treating and retesting dental unit water lines that did not meet the EPA potable water standard.†				
Cleaning, Disinfection, and Sterilization of Patient Care Items					
70	Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners before sterilization.				
71	Sterilization equipment is available and fully functional.				
72	Number of working autoclaves: _____.				
73	Number of working chemiclaves: _____.				
74	Number of working dry heat sterilizers: _____.				
75	Number of working flash steam sterilizers: _____.				
76	Number of working ultrasonic cleaners: _____.				
77	Endodontic files, instrumentation sterilized or disposed.				
78	Biological testing of sterilizer completed weekly.				
79	If independent biological testing service, name: _____.				
80	If in-office biological testing, is control processed?				
81	Sterilization cycles are verified with interior and exterior chemical or heat indicators.				
82	Critical items instruments‡ are sterilized after each use.				
83	A biological indicator is used for every sterilizer load that contains a non-sterile implantable device. Whenever possible, results are verified before using the implantable device.				
84	Proper sterilization loading technique is used, not overloading.				
85	Heat-tolerant handpieces are sterilized after each use, including high- and low-speed handpieces, prophylaxis angles, ultrasonic and sonic scaling tips, air abrasion devices, air and water syringe tips, and motors (with the exception of electric-type models).				
86	Sterile packs are inspected for integrity. Compromised packs are reprocessed.				
87	Event-related monitoring is used to monitor package integrity, and packages are appropriately stored with a minimum of an initial date stamp.				
88	Single-use instruments or devices are not processed or reused.				
89	Semi-critical items are sterilized after each use if not heat-sensitive.				
90	Heat-sensitive semi-critical items are high-level disinfected or chemical sterilized after each use.				

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91	Practice uses an FDA-approved chemical sterilant.				
92	All applicable label instructions on EPA-registered chemical sterilant are followed (dilution, shelf life, storage, safe use, disposal, and material compatibility).				
93	Practice uses an FDA-approved high-level disinfectant.				
94	Chemical used for high-level disinfection are prepared according to manufacturers' instructions (dilution, shelf life, storage, safe use, disposal, and material compatibility).				
95	Chemical used for high-level disinfection are dated with expiration dates and discarded before expiration dates.				
Aseptic Techniques		1-4	Y	N	NA
96	Splash shields and equipment guards are used on dental laboratory lathes.				
97	Fresh pumice and a sterilized or new rag wheel is used for each patient.				
98	Devices used to polish, trim, or adjust contaminated intraoral devices are disinfected or sterilized.				
99	Intraoral items such as impressions, bite registrations, prostheses, and orthodontic appliances are cleaned and disinfected.				
Environmental Infection Control		1-4	Y	N	
100	Semi-critical environmental surfaces (frequently touched surfaces that could allow secondary transmission to DHCP or patients) are decontaminated with a high-level surface disinfectant between patients.				
101	Noncritical environmental surfaces are decontaminated between patients.				
102	Objects and environmental surfaces are disinfected with an EPA-registered tuberculocidal disinfectant at the beginning of the day.				
103	Objects and environmental surfaces are disinfected with an EPA-registered tuberculocidal disinfectant between patients.				
104	Objects and environmental surfaces are disinfected with an EPA-registered tuberculocidal disinfectant at the end of the day.				
105	EPA-registered tuberculocidal disinfectants are used at the dilution specified by the manufacturer.				
106	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean).				
107	Clinical contact barriers are changed between patients.				
108	Decontamination and clean areas are separated in the instrument-processing area.				
109	Biohazardous waste is disposed of properly.				
Sharps					
110	Approved sharps containers are accessible and used.				
111	Sharps container is taken out of service and processed appropriately.				
112	Safe recapping techniques and devices are used.				
113	Sharps (needles, blades) are single use.				
114	Employees use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays and containers.				

*CDC, Centers for Disease Control; DHCP, dental health care personnel; PPE, personal protective equipment (gloves, gowns, masks); MMR, measles, mumps, and rubella; EPA, Environmental Protection Agency; CFU, colony-forming units; IV, intravenous; FDA, United States Food and Drug Administration.

†EPA standard for potable water is <500 CFU/mL.

‡Critical items instruments are any instruments that penetrate soft tissue or bone.

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ACKNOWLEDGMENT AND RECEIPT OF COPY BY OWNER OR AUTHORIZED AGENT

The owner/licensee of the dental practice hereby acknowledges receipt of a copy of this inspection and survey form by executing this document below and by initialing each page at the lower right corner on the "Licensee Initials" line.

In the event that the dental practice has satisfactorily completed the inspection, as noted in this form, the owner/licensee will receive written notice of satisfactory completion of the inspection.

If an owner/licensee commenced the practice of dentistry before initial inspection at any given location, the inspection will be deemed a random inspection.

If the inspection indicates critical deficiencies, the owner/licensee will receive written notice regarding the deficiencies and a reinspection will be conducted within 72 hours of the notice. However, in the event that the critical deficiencies pose an immediate threat to public health, safety, and/or welfare, an Order of Summary Suspension might be issued.

If the inspection indicates that remedial action is required, the owner/licensee will receive written notice regarding the deficiencies and a re-inspection will be conducted within 7 days of the written notice.

If the inspection indicates that action is required, the owner/licensee will receive written notice from a representative regarding the deficiencies and a re-inspection will be conducted within 30 days of the written notice.

Receipt of a copy of the foregoing is hereby acknowledged

by _____

Print name: _____

this _____ day of _____, 20____

Title/position/capacity: _____

at _____:_____ AM [] PM [].

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Licensee's initials _____