COMMONWEALTH OF VIRGINIA
Department of Health Professions
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230

DATE: _____
TIME: _____
MILEAGE: _____
INSPECTION HOURS: ____

Dental Office Inspection Report

Practitioner's Name: _____ Lic. No.: _____ Exp. Date: _____

Practitioner's Name: _____ Lic. No.: _____ Exp. Date: _____

Dent. Hygienist's Name: _____ Lic. No.: _____ Exp. Date: _____

Dent. Assistant Name: _____ Cert. No: _____ Exp. Date: _____

Address: _____

Telephone Number: _____ Hours of Operation: _____

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	YES	NO	DOCUMENTATION
Dental Facility:			
1. Required licenses/certificates properly displayed?	____	____	
2. Names of Practitioner properly displayed?	____	____	
3. Facility clean and sanitary?	____	____	
4. Facility maintains required:			
a. Hot and cold running water?	____	____	
b. Method for sterilizing equipment?	____	____	
General Anesthesia and Conscious Sedation			
5. Does dentist imply or use general anesthesia or conscious sedation?	____	____	
6. Required certificate posted?	____	____	
7. Dentist maintain following emergency equipment?	____	____	
a. Full face mask for children or adults?	____	____	
b. Oral and nasopharyngeal airways?	____	____	
c. Endotracheal tubes for children or adults?	____	____	
d. A laryngoscope with reserve batteries and bulbs?	____	____	
e. Source of delivery of oxygen?	____	____	
f. Mechanical (hand) respiratory bag?	____	____	
Laboratory Work Orders			
8. Laboratory work orders contain the following information:			
a. Name and address of person or firm order is directed?	____	____	

	YES	NO	DOCUMENTATION
b. Patient's name, initials, or I.D. number?	____	____	
c. Date order written?	____	____	
d. Description of work?	____	____	
e. Specification of type and quality of material?	____	____	
f. Signature and address of dentist?	____	____	
g. License number of dentist?	____	____	
h. Duplicate order maintained for three years?	____	____	

PATIENT RECORDS

9. Patient records contain the following information:			
a. Patient's name and date of treatment?	____	____	
b. Updated health history?	____	____	
c. Diagnosis and treatment rendered?	____	____	
d. Names of drugs prescribed, administered, dispensed, and quantity?	____	____	
e. Radiographs?	____	____	
f. Fees and charges?	____	____	
g. Name of dentist and dental hygienist providing services?	____	____	

DRUG SECURITY

10. Schedule II - V controlled stored in a secured place	____	____	

DRUG INVENTORY AND RECORDS

11. Schedule II through V drug records maintained at facility as to stock of drugs to which records pertain for two years?	____	____	
12. Required biennial inventory of Schedule II through V drugs:	____	____	
a. Inventory date: _____			
b. Opening of business: _____			
c. Close of business: _____			
d. Inventory signed: _____ (name)			
13. Inventories and records of Schedule II drugs maintained separately from all other records?	____	____	
14. Inventories and records of Schedule III through V drugs maintained separately or with records of Schedule VI drugs?	____	____	

	YES	NO	DOCUMENTATION
15. Receipt of Schedule II through V drugs dated with the actual date of receipt?	____	____	
16. Separate distribution record maintained in chronological order for administering dispensing Schedule II through V drugs?	____	____	
17. Distribution record contains the following:			
a. Date of transaction?	____	____	
b. Drug name and strength?	____	____	
c. Amount of drug dispensed, administered, and wasted?	____	____	
d. Patient name?	____	____	
e. Identification of person administering or dispensing the drug?	____	____	

General Remarks:

Action Taken:

(1) _____ New Inspection (4) _____ Drug Destruction

(2) _____ Routine Inspection (5) _____ Drug Audit

(3) _____ Reinspection (6) _____ Other _____

(Specify)

Acknowledgement:

This dental office has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

_____ _____

Inspector (Dept. of Health Professions) Dentist

_____ _____ _____

Date Time of Exit Title of Authorized Individual

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FOR OFFICE USE ONLY

Violations this inspection: _____

Violations Previous Inspection: _____

Repeated Violations: _____

REVISED 7-12-93