



Virginia Board of Dentistry Dental Inspection Form **Date** **Hours** **Case#**
Commonwealth of Virginia
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4538

PRACTICE NAME		SPECIALTY PRACTICE	
STREET ADDRESS		CITY	STATE ZIP
CURRENT ADDRESS OF RECORD			
PHONE:		FAX:	
HOURS OF OPERATION:			
STAFF: (Identify dentists, hygienists and assistants)		POSITION	LICENSE
			EXP.DATE
Any staff not listed in previous section?		Position	
C NC	18VAC60-20-200 Utilization of Dental Hygienists and Dental Assistant IIs No more than 4 dental hygienists or dental assistant II in any combination practicing under direction at one and the same time.		
C NC NA	18VAC60-20-210 Requirements for Dental Hygienists to practice under general supervision. Y N Written orders are on file. Y N The services on the original order are to be rendered with a specific time period not to exceed 10 months. Y N The dental hygienist has consented in writing to providing services under general supervision. Y N The patient is informed before the appointment that he will be treated under general supervision. Y N Written basic emergency procedures are established and the hygienist is capable of implementing those procedures.		
Posting of Current Licenses, Certificates, and Registrations			
C NC NA	54.1-2720	Display of Name of Practitioner. Every person practicing dentistry ...shall display his name at the entrance of the office.	
C NC NA	54.1.2721	Dental Licenses are posted in plain view of patients.	
C NC NA	54.1-2727	Dental Hygiene Licenses are posted in plain view of patients.	
C NC NA	18VAC60-20-16	Dental Assistant II Registrations are posted in plain view of patients.	
C NC NA	18VAC60-20-195	Radiation Certificate posted for those who expose dental x-ray and not otherwise licensed.	
C NC NA	12VAC5-481-370.A (1) B	Certificate of certification of x-ray machine is posted near the x-ray machine.	
C NC NA	18VAC60-20-110	Deep Sedation/General Anesthesia education certificate is posted in plain view of patients.	
18VAC60-20-15 Recordkeeping			
Records include the following:			
C NC NA	Patient's name and date of treatment		
C NC NA	Health history Date: _____		
C NC NA	Diagnosis and treatment rendered		
C NC NA	List of drugs prescribed, administered, dispensed and the quantity		
C NC NA	Radiographs		
C NC NA	Patient financial records		
C NC NA	Name of dentist and dental hygienist providing service		
C NC NA	Patient records maintained for not less than three years from the most recent date of service		
C NC NA	Number of records reviewed: _____		
C NC NA	List patient records with noted deficiencies and attach copy:		
C NC NA	§54.1-2719 Laboratory Work Orders Include: (attach example) Y N Name and address of the person, firm or corporation. Y N Patient's name or initials or an ID number. Y N Date work order was written. Y N Description of work to be done; Specifications of the type and materials to be used Y N Signature and address of the dentists		

Environmental Conditions		
C NC	Facility appears neat and clean	
C NC	Describe any equipment with broken or missing part; oil/grease on any equipment; and any dirty suction hoses	
C NC	Describe sterilization process to include equipment use (should include heat and/or spore indicators.)	
C NC	Who processes spore indicators and are results maintained?	
C NC	What is office protocol when sterilization equipment indicates equipment is not working properly?	
C NC	How are sterilized instruments maintained?	
C NC	How are clinical surfaces disinfected and sanitized? Frequency? Solutions used?	
C NC	Are sharps containers available? When disposing of sharps/biohazard waste, is there a current contract, bill or receipt to document service?	
C NC	Appropriate personal protective equipment including gloves, face protection, eye protection and lead aprons	
C NC	Safe and accessible building exits in case of fire or other emergency	
C NC	Additional inspection comments:	
Drug Security, Inventory and Records		
C NC	CFR 1301.75 (b)	Sch II-V controlled substances are stored in a securely locked, substantially constructed cabinet
C NC	CFR 1304.04 (f)	Inventories and records of Sch II controlled substances are maintained separately from all other records and are readily retrievable
C NC	CFR 1304.04 (f)	Inventories and records of Sch III-V controlled substances are maintained either separately from all of records or in such a form that the information is readily retrievable
C NC		Records of Sch II-V controlled substances are maintained in chronological order
C NC	54.1-3404. F	Required records are maintained completely and accurately for two years from the date of the transaction
C NC	54.1-3404. C	Records of receipt include the actual date of receipt, name and address of the person from whom received, and the name, strength and quantity of drug received
C NC	54.1-3404. D	Records of drugs sold, administered, dispensed or disposed of include the date of the transaction, name of patient, drug name, quantity of drug, and signature of person making the transaction
C NC	54.1-3404. A & B	Biennial inventory of Sch II-V drugs available was taken on a date within two years of the previous biennial inventory
C NC	54.1-3404. A & B	Biennial inventory is dated and indicates whether it was taken at the opening or close of business. Specify.
C NC	54.1-3404. E	Theft or unusual loss of drugs in Sch II-V is reported to the board of Pharmacy and an inventory taken if the registrant is unable to determine the exact kind and quantity of drug loss
C NC		Expired drugs are stored separate from the working stock of drugs until properly disposed
Equipment Requirements for Anesthesia, Sedation and Analgesia		
18VAC60-20-108 A dentist who administers anxiolysis or inhalation analgesia shall maintain the following operational equipment and be trained in its use	18VAC60-20-110 A dentist who administers deep sedation/general anesthesia shall maintain the following operational equipment	18VAC60-20-120 A dentist who administers conscious sedation shall maintain the following operational and in date drugs
C NC Blood Pressure Monitoring	C NC Full face mask for children/adults	C NC Full face mask for children/ adults
C NC Positive Pressure Oxygen	C NC Oral and Nasopharyngeal airways	C NC Oral and Nasopharyngeal airways
C NC Mechanical (hand) resp bag	C NC ET tubes for children/ adults or airway adjuncts	C NC ET tubes for children/ adults or airway adjuncts
	C NC Laryngoscope for children/adults	C NC Pulse Oximetry and BP Monitoring
	C NC Positive Pressure Oxygen	C NC Pharmacological antagonist agents unexpired

	C NC Mechanical (hand) respiratory bag	C NC Positive Pressure Oxygen
	C NC Pulse Oximetry and BP monitoring	C NC Emergency drugs for resuscitation
	C NC Emergency drugs for resuscitation	C NC Mechanical (hand) resp bag
	C NC EKG/ Temp monitoring equipment	
	C NC Pharmacological antagonist agents unexpired	
	C NC External defibrillator	
	C NC Emergency Drugs for Resuscitation	

Staffing Requirements for Anesthesia, Sedation, & Analgesia

18VAC60-20-108 A dentist who administers anxiolysis or inhalation analgesia shall maintain the following:	18VAC60-20-110 A dentist who administers deep sedation/general anesthesia shall maintain the following:	18VAC60-20-120 A dentist who administers conscious sedation shall maintain the following:
C NC Treatment team: dentist & a second person to assist, monitor & observe the patient	C NC Treatment team: Operating dentist, a second person to monitor & observe the patient, & a third person to assist the operating dentist	C NC Treatment team: Operating dentist & a second person to assist, monitor, & observe the patient.
	C NC Post educational certificate in plain view of the patient	C NC Holds current certification in ACLS posted with dental license and current Drug Enforcement Administration registration
	C NC Holds current certification in ACLS or PALS and current Drug Enforcement Administration registration	

Oral and Maxillofacial Surgeons

- Y N 18VAC60-20-250 Has Board Registration
- Y N 18VAC60-20-260 Has updated practitioner profile. Attach Profile.
- Y N 18VAC60-20-290 Performs cosmetic procedures and is certified by the Board according to §54.1-2709.

Please list all certifications for cosmetic procedures.

Compliant (C) Non Compliant (NC) Not Applicable (NA)

Type of Inspection: _____ Case No.: _____

Signature of Inspector Date

Signature of Licensee Date