

Peer and Practice Assessment

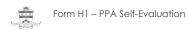
Self-Evaluation Form

Please complete this form and return it to the College by the deadline specified in the notice of selection letter. This form can be filled out electronically or by hand.

To fill it out electronically, please first **download it to your personal device** and then fill it out, re-save it, and email it to <u>qualityassurance@denturists-cdo.com</u>

Section 1: Member's Name and Contact Information

1. a) Member's Name and Registration							
Salutation:	Ms.	OMrs.	OMr.	Certificate of Registration #:			
Last Name:				First Name:			
Home address:							
City, province, postal code:							
Email (preferred):			Phone (preferred):			
Clinic name:							
Complete Clinic address:							
Clinic phone:				Clinic Fax:			
The best way to	o reach me	is:					



2. a) External Standards

Section 2: Practice Checklist

For each identified section, place a check mark where the item or criteria are evident in your primary practice. If an item is not evident in your practice, please provide explanatory comments. Please note that, when X Critical appears next to the criteria, it indicates that public safety may be compromised and warrants your immediate attention.

External Standards: Required	Does this denture clinic contain the following?:					
	_					
☐ External Signage☐ Internal Signage	Waiting Room Washroom					
	Business Area					
Proof of Approval of Clinic Name by College (if applicable)						
	Operatory					
	Laboratory Sterilization Area					
	Sterilization Area					
Does the denture clinic possess the following?:						
Telephone						
Fire Extinguisher						
First Aid Kit						
Certificate of Registration Displayed						
Certificate of Authorization for a Health Professional Corporation (if applicable) Displayed						
External Standards Comments:						
External Standards Comments.						
2. b) Sterilization Area						
Sterilization Area: Required						
Sink with hot and cold running water						
Working Ultra-sonic - X Critical						
Autoclave/Chemiclave/Dry Heat Oven/Chemical Sterilants						
Sterilization & Spore Testing Records						
A sterilization area that is dedicated to instrument sterilization. All sterilized and disinfected equipment should be stored separately in sealed containers in a manner to minimize cross-contamination.						
Sterilization Area Comments:						



2. c) Operatory

As of June 1, 2011, new practices are required to have a dental chair, examination light and an evacuator or cuspidor in their operatory. As of December 31, 2011, all existing practices must meet the same requirements.

Operatory: Required	Operatory: Recommended
Evidence of instrument cleaning, sterilization, and safe storage - X Critical	Storage area
Examination light	Ventilation (windows, exhaust fans)
Dental chair	Bibs (disposable)
Cuspidor or evacuator with running water	Facial tissue
Disposable examination gloves (e.g., nitrile, vinyl) - X Critical	Hand mirror (5" x 7")
Impression trays (individually bagged after sterilization and sufficient	Shade guides
number to meet sterilization time guidelines) Bags are not to be re-used.	Safety glasses
Mouth mirrors (sufficient number to meet sterilization time guidelines)	Scrubs
Waste disposal (lined)	Lab coat
Soap dispenser	
Sink (running hot & cold water)	Masks
Single use disposable towel/air drying mechanism	
Disposable cups	
Operatory Area Comments:	
Operatory Area Comments:	
Operatory Area Comments: 2. d) Laboratory	
	Laboratory: Recommended
2. d) Laboratory	Laboratory: Recommended Technician bench/stools/chairs
2. d) Laboratory Laboratory: Required	
2. d) Laboratory Laboratory: Required Evidence of asepsis - X Critical	Technician bench/stools/chairs
2. d) Laboratory Laboratory: Required Evidence of asepsis - X Critical Evidence of surface cleaning & disinfection - X Critical	Technician bench/stools/chairs Storage space
2. d) Laboratory Laboratory: Required Evidence of asepsis - X Critical Evidence of surface cleaning & disinfection - X Critical Ventilation Sink with running hot and cold water supply Plaster/polishing impermeable work surface	Technician bench/stools/chairs Storage space Boil out unit
2. d) Laboratory Laboratory: Required Evidence of asepsis - X Critical Evidence of surface cleaning & disinfection - X Critical Ventilation Sink with running hot and cold water supply Plaster/polishing impermeable work surface Packing/curing impermeable work surface	Technician bench/stools/chairs Storage space Boil out unit Processing unit
2. d) Laboratory Laboratory: Required Evidence of asepsis - X Critical Evidence of surface cleaning & disinfection - X Critical Ventilation Sink with running hot and cold water supply Plaster/polishing impermeable work surface Packing/curing impermeable work surface Polishing lathe	Technician bench/stools/chairs Storage space Boil out unit Processing unit Bunsen burner
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2. e) Washrooms

Washroom: Required	Washroom: Recommended	
Toilet	Light	
Sink with running hot and cold water	Ventilation	
Hand soap (dispenser)	Mirror	
Single-use/disposable towels or air dryer		
Waste disposal (lined)		
Cleanliness (adequate asepsis and hygiene practiced)		
Washroom Comments:		
vasinoon comments.		
2. f) Waiting Room		
Waiting Room: Required	Waiting Room: Recommended	
Cleanliness	Adequate light	
	Ventilation	
	Chairs	
	Coat rack/hangers	
Waiting Room Comments:		
2. g) Secure Business Area		
Secure Business Area: Required	Secure Business Area: Recommended	
Secure file cabinet (record storage)	Desk and chair	
Computer screen not observable to non-staff	Business appointment cards	
Computer records password protected	Statements/letterhead/envelopes	
Patient treatment records	Bookkeeping and stationary supplies	
Consent to Information Collection document identifying practitioner	bookkeeping and stationary supplies	
Privacy policy for patients to sign		
Patient receipts		
Patient appointment mechanism		
Consent to Treatment Plan		
Secure Business Area Comments:		

ı	Signature	Date (mm/dd/yyyy)
tic	on 3: Signature	

Section 4: Form Submission

The completed form can be submitted to the College by one of the following methods:

Email: qualityassurance@denturists-cdo.com

Subject Line: Peer and Practice Assessment – Self-Evaluation

Fax: 416-925-6332 Attn: Quality Assurance Mail:

Attn: Quality Assurance College of Denturists of Ontario 365 Bloor Street East, Suite 1606 Toronto, ON M4W 3L4