



Peer and Practice Assessment

Self-Evaluation Form

Section 1: Member's Name and Contact Information

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Certificate of Registration #:	<input type="text"/>		
Email:	<input type="text"/>	Phone:	<input type="text"/>
Primary Practice Name & Address: <input type="text"/>			
Primary Practice Phone:	<input type="text"/>	Website:	<input type="text"/>

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 an explanation. When a **X Critical** appears next to the criteria, this indicates that public safety may be compromised and requires your immediate attention.

2 (a). External Standards: Required

External Signage	Internal Signage	
Is this denture clinic composed of the following:		
Waiting Room	Washroom	Business Area
Operatory	Laboratory	Sterilization Area
Does the denture clinic possess the following:		
Telephone	Fire Extinguisher	First Aid Kit



External Standards Comments:

2 (b). Sterilization Area: Required

Sink (hot & cold water)	Working Ultrasonic – 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

Evidence of instrument cleaning, sterilization, and safe storage - X Critical		Mouth mirrors (sufficient number to meet sterilization time guidelines)
Examination light	Waste disposal (lined)	Dental chair
Soap dispenser	Disposable cups	Sink (hot & cold water)
Cuspidor or evacuator with running water		Single use disposable towel/air drying mechanism
Disposable examination gloves (e.g., nitrile, vinyl) - X Critical		Impression trays (individually bagged after sterilization and sufficient number to meet sterilization time guidelines). Bags are not to be re-used.

Operatory: Recommended

Storage area	Shade guides	Safety glasses
Bibs (disposable)	Scrubs	Facial tissue



Lab coat	Hand mirror (5" x 7")	Masks
Ventilation (windows, exhaust fans)		
Operator Area Comments:		

2 (d). Laboratory:

Laboratory: Required

Evidence of asepsis - X Critical	Polishing lathe	Trimming lathe
Evidence of surface cleaning & disinfection - X Critical	Ventilation	Work pans
Sink (hot & cold water)	Waste disposal	Safety glasses
Plaster/polishing impermeable work surface		Packing/curing impermeable work surface
Workplace Hazardous Material Information System (WHMIS) information sheets		

Laboratory: Recommend

Technician bench/stools/chairs	Splash pans	Storage space
Articulators	Boil out unit	Scrubs
Processing unit	Lab coat	Bunsen burner
Laboratory Area Comments:		

2 (e). Washrooms:

Washrooms: Required

Toilet	Single use/disposable towels or air dryer	Sink (hot & cold water)
Hand soap (dispenser)	Waste disposal (lined)	



Washrooms: Recommended

Light	Mirror	Ventilation
Washroom Comments:		

2 (f). Waiting Room

Waiting Room: Required

Cleanliness

Waiting Room: Recommended

Adequate Light	Chairs	Ventilation
Coat rack/hangers		
Waiting Room Comments:		

2 (g). Secure Business Area

Secure Business Area: Required

Secure file cabinet (record storage)	Privacy policy for patients to sign
Computer screen not observable to non-staff	Patient receipts
Computer records password protected	Patient appointment mechanism
Patient treatment records	Consent to Treatment Plan
Consent to Information Collection document identifying practitioner	



Secure Business Area: Recommended

Desk & Chair	Statements/letterhead/envelopes
Business appointment cards	Bookkeeping and stationary supplies
Secure Business Area Comments: 	

Section 3: Signature

Signature

Date

Section 4: Form Submission

Please return your completed form to the College by email: qualityassurance@denturists-cdo.com