

Peer and Practice Assessment

Self-Evaluation Form

Section 1: Member's Name and Contact Information

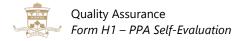
Last Name:	First Name:	
Certificate of Registration #:		
Email:	Phone:	
Primary Practice Name & Address:		
Primary Practice Phone:	Website:	

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:

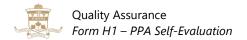
As of June 1, 2011, new practices are required to have a dental chair, examination light and an evacuator or cuspidor in their operatory. As of December 31, 2011, all existing practices must meet the same requirements.

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 (li	ned)	Dental chair
Soap dispenser	Disposable cups		Sink (hot & cold water)
Cuspidor or evacuator with running v	water	Single use disposa mechanism	able towel/air drying
Disposable examination gloves (e.g., nitrile, vinyl) - X Critical		sterilization and si	individually bagged after ufficient number to meet guidelines). Bags are not to

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)		
Operatory 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			

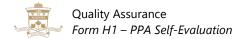
Laboratory: Recommend

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 (li	ned)



Washrooms: Recommended

Light	Mirror	Ventilation
Washroom Comments:		

2 (f). Waiting Room

Waiting Room: Required

Cleanliness

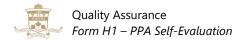
Waiting Room: Recommended

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: <i>qualityassurance@denturists-cdo.com