



COLLEGE OF
DENTURISTS
OF ONTARIO

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 qualityassurance@denturists-cdo.com

Section 1: Member's Name and Contact Information

1. a) Member's Name and Registration

Salutation: Ms. Mrs. Mr. 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 reach me is:



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.

2. a) External Standards

External Standards: Required

- External Signage
- Internal Signage
- Proof of Approval of Clinic Name by College (if applicable)

Does this denture clinic contain the following?:

- Waiting Room
- Washroom
- Business Area
- Operatory
- Laboratory
- 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:

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

- Evidence of instrument cleaning, sterilization, and safe storage - **X Critical**
- Examination light
- Dental chair
- Cuspidor or evacuator with running water
- 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.
- Mouth mirrors (sufficient number to meet sterilization time guidelines)
- Waste disposal (lined)
- Soap dispenser
- Sink (running hot & cold water)
- Single use disposable towel/air drying mechanism
- Disposable cups

Operatory: Recommended

- Storage area
- Ventilation (windows, exhaust fans)
- Bibs (disposable)
- Facial tissue
- Hand mirror (5" x 7")
- Shade guides
- Safety glasses
- Scrubs
- Lab coat
- Masks

Operatory Area Comments:

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
- Trimming lathe
- Work pans
- Waste disposal
- Safety glasses
- Workplace Hazardous Material Information System (WHMIS) information sheets

Laboratory: Recommended

- Technician bench/stools/chairs
- Storage space
- Boil out unit
- Processing unit
- Bunsen burner
- Splash pans
- Articulators
- Scrubs
- Lab coat

Laboratory Comments:



2. e) Washrooms

Washroom: Required

- Toilet
- Sink with running hot and cold water
- Hand soap (dispenser)
- Single-use/disposable towels or air dryer
- Waste disposal (lined)
- Cleanliness (adequate asepsis and hygiene practiced)

Washroom: Recommended

- Light
- Ventilation
- Mirror

Washroom Comments:

2. f) Waiting Room

Waiting Room: Required

- Cleanliness

Waiting Room: Recommended

- Adequate light
- Ventilation
- Chairs
- Coat rack/hangers

Waiting Room Comments:

2. g) Secure Business Area

Secure Business Area: Required

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

Secure Business Area: Recommended

- Desk and chair
- Business appointment cards
- Statements/letterhead/envelopes
- Bookkeeping and stationary supplies

Secure Business Area Comments:



Section 3: Signature

Signature

Date (mm/dd/yyyy)

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

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