

## DENTAL QUALITY ASSURANCE FACILITY REVIEW AUDIT FORM -1

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Clinic: \_\_\_\_\_

### I. STAFF

A. STAFF ON DUTY	
Dentists	
Dental Assistants	
Hygienists	
Receptionists	

B. PERSONAL APPEARANCE				
Staff	Cleanliness-Uniform		Personal Hygiene	
	Yes	No	Acceptable	Not Acceptable

COMMENTS

## DENTAL QUALITY ASSURANCE FACILITY REVIEW AUDIT FORM - 2

### II. TREATMENT AREA

A. CLEANLINESS OF THE FACILITY	Yes	No	COMMENTS
Floors/Windows/Walls			
Sinks			
Dental Units: Cuspidor			
Cup			
Tray/Bracket Table			
Light			
General Surface			
Patient Chair: Cushion			
Base			
Cabinets: Exterior			
Interior			

CODE    1 - Fully Operable  
           2 - Marginally Operable  
           3 - Inoperable

### B. ADEQUACY OF FACILITY

#### 1. Unit

	UNIT 1			UNIT 2			UNIT 3			UNIT 4			UNIT 5		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
High Speed Handpiece															
Low Speed Handpiece															
Air Syringe															
Low Speed Suction															
High Speed Suction															
Water Control: Handpiece															
Cup															
Cuspidor															
Evacuation of Cuspidor															
Ultrasonic/sonic Scaler															
COMMENTS															

## DENTAL QUALITY ASSURANCE FACILITY REVIEW AUDIT FORM - 3

### 2. Condition of the Patient Chair

	CONDITION OF CHAIR CUSHION			HEADREST			TILT MECHANISM		
	Intact	Small Tears	Large Tears	1	2	3	1	2	3
Patient Chair 1									
Patient Chair 2									
Patient Chair 3									
Patient Chair 4									
Patient Chair 5									
COMMENTS									

### 3. Other Equipment

	1	2	3
X-ray Unit			
Automatic X-ray Developer			
Curing Lights			
Amalgamators			
Dental Assistant Stools			
Dentist Stools			
Autoclave 1			
Autoclave 2			
Ultrasonic Cleaner			
Nyclave Sealer			
Bead Sterilizers			
Compressor			
Vacuum			
COMMENTS			

### DENTAL QUALITY ASSURANCE FACILITY REVIEW AUDIT FORM - 4

<b>III. X-RAY</b>	Yes	No	
Current Permit Displayed			COMMENTS
Lead Apron with Cervical Collar Routinely Used			
X-Ray Badge on All Staff			
Protocols for Protection of Scattered Radiation Used			
Processing Solutions: Clean			
Appropriate Level			
Up to Date Posting			

<b>IV. INFECTION CONTROL</b>	Acceptable	Not Acceptable	
Standardized Autoclavable Bags Used			COMMENTS
All Bags are Dated			
Standard Protocols Followed for: Gloves			
Masks			
Eyewear			
Gowns			
Handpieces			
Ultrasonic Scalers			
Laboratory Control			
Protocols for Immersion Disinfection Followed			
Up to Date Posting for Immersion Disinfection			
Protocols Followed for Surface Disinfection			
Autoclaves: Chambers Clean - not Scorched			
Gasket Clean			
Up to Date Posting			
Sharps Containers: Appropriate Placement in Clinic			
Appropriate Disposal			
All Waste Receptacles Lined			
Spore Monitoring: Testing Done Weekly			
Up to Date Posting			

### DENTAL QUALITY ASSURANCE FACILITY REVIEW AUDIT FORM - 5

<b>V. INVENTORY</b>	Yes	No	
Special Area Designated for Storage of Items	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS
Area is Neat and Clean	<input type="checkbox"/>	<input type="checkbox"/>	
Storage Area has Lock - Health Centers Only	<input type="checkbox"/>	<input type="checkbox"/>	
Inventory Control System Used	<input type="checkbox"/>	<input type="checkbox"/>	
No Expired Materials on the Shelves	<input type="checkbox"/>	<input type="checkbox"/>	

<b>VI. APPOINTMENT SYSTEM</b>	Yes	No	
Appropriate Data Listed on Appointment Sheet:	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS
Name	<input type="checkbox"/>	<input type="checkbox"/>	
Identification Number	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone Number	<input type="checkbox"/>	<input type="checkbox"/>	
Reason for Visit	<input type="checkbox"/>	<input type="checkbox"/>	
Disposition of Visit	<input type="checkbox"/>	<input type="checkbox"/>	
Flexible Appointment Slots Used	<input type="checkbox"/>	<input type="checkbox"/>	
Recall System: Set-up	<input type="checkbox"/>	<input type="checkbox"/>	
Utilized	<input type="checkbox"/>	<input type="checkbox"/>	
Follow-up on Missed Appointments	<input type="checkbox"/>	<input type="checkbox"/>	
Appointment Reminders Used	<input type="checkbox"/>	<input type="checkbox"/>	

<b>VII. DENTAL RECORD</b>	Yes	No	
Records are available prior to the patient's appointment	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS
Records are available within a reasonable time for emergent visits	<input type="checkbox"/>	<input type="checkbox"/>	

<b>VIII. REFERRAL SYSTEM</b>	Yes	No	
Utilize system for medical and dental specialist referrals	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS
IF YES Appropriate maintenance of referral file	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate completion of forms	<input type="checkbox"/>	<input type="checkbox"/>	