



Dental Infection Control Inspection Form

Licence Expiry Date: _____ File No: _____

Premises Business Name: _____

Proprietor Name: _____

Location Address: _____

Inspection Conducted with: _____

Health Officer: _____ Date: ___/___/___ Time: _____

Purpose: Follow up - Licence - Refurbishment - Request - Routine

Inspection Summary Results 1

Training: Are staff undertaking skin penetration adequately trained in infection control <input type="checkbox"/>	Infection Control (safety): Are facilities provided for safe disposal / cleaning / disinfection / sterilisation of equipment. Are infection control procedures adequate? <input type="checkbox"/>
Hygiene: Is the premises clean with an adequate waste disposal policy. <input type="checkbox"/>	Premises Construction: Is the premises suitable constructed. <input type="checkbox"/>
Scoring: 1 = adequate, 2 = not entirely adequate, 3 = inadequate, 4 = critical	

Reinspection date: ___/___/___

✓ = Satisfactory X = Unsatisfactory C = Critical

Treatment room

Hand Hygeine	
Handwash product: Domestic / Clinical / Surgical	Expiry date
Soap dispensers	
Paper towel	
When – before and after	
Appropriate use of hand rub	
Cleaning	
Use of Barriers	

<ul style="list-style-type: none"> • Changing after each patient 	
Cleaning flow appropriate	
Detergent used for environmental cleaning	
Spittoon cleaned after each patient <ul style="list-style-type: none"> ○ Removable parts cleaned– where? 	
Transport of used instruments to the Sterilisation area Tray / Container / Cassette	
Handpieces, triplex syringes, ultrasonic scaler & suction lines	
<ul style="list-style-type: none"> • Flushed 2 mins at start of each day 	
<ul style="list-style-type: none"> • 30 sec between each patient 	
<ul style="list-style-type: none"> • Suction lines cleaned at the end of each day 	
Used needles	
<ul style="list-style-type: none"> • Disposed of at point of use by dentist 	
<ul style="list-style-type: none"> • Resheathed by dentist 	
<ul style="list-style-type: none"> • Are staff made aware of sharps on trays 	
Instruments	
Storage of sterile stock appropriate	
Packaging OK- properly sealed at top	
Hinged instruments open in packs	
Pack checks	TR Steri
Critical incident process	
Date on Packs	
Reprocessed every 6-12 months	
Tracking	
Loose instruments autoclaved weekly	
Cold Steri	

Bur management	
<ul style="list-style-type: none"> • Stored protected from the environment 	
<ul style="list-style-type: none"> • Stainless steel burs single use 	
<ul style="list-style-type: none"> • New Bur prior to use - Pre sterilised / Reprocessed / Non-surgical 	
Files & reamers	
<ul style="list-style-type: none"> • Stainless steel – single use 	
<ul style="list-style-type: none"> • Nickel-titanium files (Protapers) <ul style="list-style-type: none"> ○ single use or single patient use 	
Drawers clean and tidy with regular clean program in place	
PPE	
Dentist – removes gloves before touching phone/computer/draw handles/other	
Worn by staff	
Masks changed between patients / regularly	
Appropriate use of masks	
Gown/scrubs removed before leaving clinical space (i.e. reception)	
Other	
Glasses worn by patients cleaned after each use	
X-ray management	

Cleaning/Sterilising Room				
Process: (number order)	Scrub	UC	Rinse	
Use of PPE				
Instruments left soaking for <1hr				
Washer Disinfector				
Dirty to clean flow OK				

Tray cleaning		
Double / single sink (with plastic container)	? Sink + Plug cleaning	
Detergent	Correct dilution	
Scrubbing instruments submerged	Temp appropriate	
NiTi files – validated method used		
ID tapes /bands- appropriate use of		
Brushes:	Cleaned: Manual/UC	Autoclaved daily
Washer Disinfector		
<ul style="list-style-type: none"> • Town water supply / reverse osmosis water supply 		
<ul style="list-style-type: none"> • Detergent/s used • Enzymatic Y/N - If yes, is an enzyme activity test performed Y/N daily / weekly (daily preferred, weekly acceptable) 		
<ul style="list-style-type: none"> • Soil testing - glass door: daily - solid door: each load Test name: 		
<ul style="list-style-type: none"> • Protein testing monthly Test name: 		
<ul style="list-style-type: none"> • For reverse osmosis water supply -Final rinse water pH testing daily (acceptable range 5.5 - 8) -Endotoxin testing monthly/annually (should be ≤ 0.25 EU/ml) (monthly for the first 12 months, then annually) 		
<ul style="list-style-type: none"> • Daily checking of jets, filters, door seals, detergent and rinse dispensers 		
Ultrasonic cleaner:		
<ul style="list-style-type: none"> • Detergent used 		
<ul style="list-style-type: none"> • Used with lid on 		
<ul style="list-style-type: none"> • Monitoring: Degassed - Foils/ceramic disc/other daily & results recorded 		
<ul style="list-style-type: none"> • Cleaned end of each day, stored dry overnight 		

Scrub temperature / Rinse temperature appropriate	
Instruments dried with low lint cloths and changed daily	
Laundering of towels/uniforms appropriate	
Hand pieces	
Oiling – manual/ machine appropriate	
Cleaning: Scrub/wipe Rinse/wipe Other	
Autoclave Brand/model: Cycles used: Loaner in use	
Downward displacement / Vacuum	
Packages autoclaved with paper side down/laminate up (reverse for Lisa)	
Class 6 indicator each load/permanent record documented as Pass or Fail	
Designated record signed	
Data logger Downloaded regularly and reviewed	
Daily helix PCD changed:	
Vacuum test Daily Weekly (Lisa 500 series - 517,522; Lisa VA131)	
Tests recorded	
Autoclave maintenance	
Calibration/service: Date: Current: Yes/No	
• Report sighted Performed by:	
Validation: Date: Current: Yes/No	
• Documentation for each cycle used	
• Method Ok Performed by: Practice staff/Service technician	
Weekly biological testing:	
Records kept for 7 years (2 years onsite)	

Other	
Steri hand hygiene – How?	
Waste disposal company	
Locked storage of waste	
Cleaning/steri procedures documented/displayed Current?	
Needle stick procedure	
<ul style="list-style-type: none"> • Explained/ understood 	
<ul style="list-style-type: none"> • Documented/displayed 	
Understanding of Standard Precautions	
Hep B Vaccination	
Mobile service No Yes If yes provide details	
Are sedations performed No Yes If yes what type	
Condition of premises	
<ul style="list-style-type: none"> • Satisfactory 	
<ul style="list-style-type: none"> • Issues 	

**Are the Infection Control Code of Practice and
Infection Control Guidelines available for staff?
Copy of AS/NZ 4815**

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>