Nevada Board of Dental Examiners
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OFF-SITE STERILIZATION INSPECTION ATTACHMENT FORM for MOBILE UNITS & PORTABLE DENTAL EQUIPMENT Cr. *1/26*

Dental Office Name:	**Date of Inspection:**
Licensee/Owner Name:	**Opening date:**
Address/Location:	**INSPECTOR(S)** (1) _____ (2) _____
City: / **State:** NV / **Zip Code:**	**PURPOSE OF INSPECTION** — **Off-site Inspection:** ☐ **Random Inspection:** ☐

COMPLIANCE CRITERIA

IF YOU RECEIVE AN "N" (or NO) ON ANY SECTION HIGHLIGHTED RED, and if the issue cannot be corrected before the conclusion of the inspection, this item indicates a CRITICAL DEFICIENCY. Failure to meet ANY ONE OF THESE standards prior to the conclusion of the inspection will result in NON-COMPLIANT STATUS. The facility will have 72 hours (approx. three days) to correct any remaining CRITICAL DEFICIENCY; a reinspection by the Board will occur not later than 72 hours after the initial inspection to confirm the CRITICAL DEFICIENCIES have been corrected. Failure of the reinspection can result in either or both a further reinspection or site closure. .

IF YOU RECEIVE AN "N" (or NO) ON ANY SECTION NOT HIGHLIGHTED RED, and if the issue cannot be corrected before the conclusion of the inspection, this item indicates a NON-CRITICAL DEFICIENCY. Failure to meet ANY ONE OF THESE standards prior to the conclusion of the inspection will result in NON-COMPLIANT STATUS. The facility must immediately correct the remaining NON-CRITICAL DEFICIENCY within 72 hours. In lieu of an in-person reinspection, you must demonstrate noted deficiencies have been cured by sending documentation, photographs, or evidence to the Board within 72 hours of the initial inspection. Failure to provide the required evidence of cure can result in a subsequent reinspection.

ALL ITEMS IDENTIFIED AS DEMONSTRATE: 1 team member will be selected by the Infection Control inspector to demonstrate the required task or process. The selected team member must demonstrate satisfactory knowledge, proper technique, and evidence of training in line with the written policies to the specific practice being evaluated.

Sterilization and Disinfection of Patient-Care Items and Devices

1	Is the instrument processing area **CLEARLY** marked and separated into "Dirty/Clean" sections following the outlined workflow? *1. Decontamination/Packaging 2. Sterilization 3. Storage*		**Y**	**N**
2	Is sterilization equipment available and fully functional?		**Y**	**N**
	a. What is the number of working ultrasonic cleaners? _____	**N/A**	**Y**	**N**
	b. What is the number of working autoclaves? _____	**N/A**	**Y**	**N**
	c. What is the number of working flash steam sterilizers (statim)? _____	**N/A**	**Y**	**N**
	d. Other sterilizers: _____	**N/A**	**Y**	**N**
3	Instrument transport: Are there written policies and procedures outlining the entire sterilization process, beginning with transporting contaminated instruments through the completion of the sterilization process?		**Y**	**N**
4	Testing & Maintenance Logs: Are appropriate testing and maintenance logs kept for each piece of equipment, such as sterilizers, ultrasonic cleaners, and eyewash station(s)?		**Y**	**N**
5	Instrument loading: Are there written policies and procedures for proper sterilization loading techniques for each sterilizer?		**Y**	**N**
6	Sterilizer Testing: Are there written policies and procedures for sterilization, and biological monitoring, including how to handle a failed biological monitoring test?		**Y**	**N**
7	Is biological testing of sterilizer(s) completed weekly according to manufacturer recommendations? Is testing performed on each cycle with a full bioburden load under normal processing parameters? (e.g., full load of instruments, not overloaded, using spore test strip or vial)		**Y**	**N**
	a. Is in-office or mail-in biological testing used? _____		**Y**	**N**
	b. If in-office: Is a control processed for each test?	**N/A**	**Y**	**N**
	c. Is this documented in a log?		**Y**	**N**
8	Are weekly biological monitoring logs kept for each sterilizer that include the machine tested, date tested, date test was sent, date test results were returned, and the results of testing?		**Y**	**N**
9	Are weekly biological monitoring logs kept for a minimum of 3 years or since opening?		**Y**	**N**

Inspector Initials _____ **Licensee Initials** _____

10	Are biofilm and organic matter removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization, following manufacturer recommendations that may require temperature and time?		**Y**	**N**
11	Are single-use items, supplies, or devices and items labeled with ⊗ discarded after use and not reprocessed?		**Y**	**N**
12	Are critical items (any instrument that penetrates soft tissue or bone) sterilized after each use?		**Y**	**N**
13	Are heat-tolerant handpieces sterilized after each use, such as high & low-speed handpieces, prophylaxis angles and motors, ultrasonic and sonic handpieces and tips, air abrasion devices, air and water syringe tips, and motors, with the exception of some electric-type models?		**Y**	**N**
14	Are semi-critical items sterilized after each use if not heat sensitive?		**Y**	**N**
15	Are semi-critical items, such as digital sensors, intraoral cameras, intraoral scanners, and curing lights that are not heat- or chemical-tolerant, used with FDA-approved barriers and then cleaned and disinfected with an intermediate-level disinfectant between patients?		**Y**	**N**
16	Are heat-sensitive semi-critical items processed at a minimum of high-level disinfection or chemical sterilization after each use according to the manufacturer's instructions?	**N/A**	**Y**	**N**
17	Demonstrate: Is proper sterilization loading technique demonstrated by staff?		**Y**	**N**
18	Are packages monitored for event-related integrity according to manufacturer guidelines, including proper folding such as folding along the dotted lines, reprocessing if compromised, correct storage, date stamping, sterilizer used (if multiple sterilizers used), and recording of the cycle or load number?		**Y**	**N**
19	Are sterilization cycles verified as follows: for pouches without cassettes and containers, by chemical/heat processes; for wrapped/closed cassettes and containers (either wrapped in pouches or not), by a class V integrator (also known as a multiple variable indicator or ISO-1440 Type V)?		**Y**	**N**

OWNER/AUTHORIZED AGENT ACKNOWLEDGEMENT AND RECEIPT OF COPY

1. **The owner of the dental practice hereby acknowledges that by executing this document below and initialing each page's lower right-hand corner on the line "Licensee Initials," receipt of a copy of this inspection/survey form is acknowledged.**
2. **The owner of the dental practice hereby acknowledges that NAC 631.178 requires every licensee to comply with CDC guidelines related to infection control. One such CDC guideline states, "Dental health care personnel who have contact with patients can also be exposed to persons with infectious [tuberculosis] and should have a baseline tuberculin skin test (TST), preferably by using a two-step test, at the beginning of employment." Based on the same, I acknowledge that, during the interview process with prospective employees, I will inquire whether the applicant had a recent negative tuberculosis test. The Board has determined that this screening question meets compliance requirements, as employers are not entitled to personal health information of applicants absent consent per the Health Insurance Portability and Accountability Act, and the CDC does not require an employer to provide or pay for tuberculosis testing.**
3. **In the event the dental practice has satisfactorily completed the inspection, as noted in this inspection/survey form, the owner/licensee will receive from the Board's Executive Director and/or representative written notice of satisfactorily completing the inspection conducted.**
4. **If the initial inspection or random inspection is failed, the licensee has 72 hours to correct any defects before the Board schedules a re-inspection. If the re-inspection is also failed, the licensee may refer to NAC 631.1785 for information on further reinspection procedures and failure consequences.**
5. **In the event the deficiencies pose an immediate threat to the safety and/or welfare of the public, the President of the Board may, without further action of the Board, issue an Order of Summary Suspension pursuant to NAC 631.179(4). This action can be taken at any time, including after the initial inspection or before the re-inspection.**

Receipt of a copy of the foregoing is hereby acknowledged:

By:_____ **Print name:**_____

This _____ day of _____, 20___ at ____:____ .m. **Title/Position/Capacity:**_____

Inspector Initials _____ Licensee Initials _____