

LOUISIANA STATE BOARD OF DENTISTRY
INFECTION CONTROL/CRITERIA/EVALUATION/INSPECTIONS

DATE: _____

DENTIST NAME: _____

LICENSE NO. _____

OFFICE ADDRESS: _____

HYGIENISTS: _____

A. IMMUNIZATIONS

1. Evidence of immunity or immunization against
Hepatitis B Virus is provided

DDS

RDH

EDDA

ASST

☐☐☐☐

B. UNIVERSAL PRECAUTIONS

1. Disposable gloves are worn
2. Face masks are worn
3. Protective eyewear is worn

☐☐☐☐☐☐☐☐☐☐☐☐

C. STERILIZATION

1. Heat sterilization or other is used
 a. autoclave
 b. other (type _____)
2. High level disinfection process is used
 appropriately
3. Acceptable biological monitoring system is used
4. Handpieces properly sterilized

☐☐☐☐☐

D. DISINFECTION TECHNIQUES

1. Acceptable chemical guidelines for disinfection of
 environmental surfaces is used
2. Wrap is used where appropriate

☐☐

E. WASTE DISPOSAL

1. Sharp items are disposed of properly
2. Contaminated wastes are disposed of properly

☐☐

F. LSBD REQUIREMENTS

1. License/certificate displayed
2. Renewal certificate displayed
3. Anesthesia permit displayed
 a. personal
 b. office
4. Current CPR certification

☐☐☐☐☐☐☐☐☐☐

VIOLATIONS: _____

In order for your office to be in compliance with LAC 46:XXXIII Chapter 12, you are to correct the violation(s) listed above.

INSPECTOR

DENTIST