

Proof of Properly Equipped Facility Checklist

Equipment, Records, Drugs, and Facility

Pursuant to Ohio Administrative Code 4715-5-05 (B)(4) you must provide evidence that you have a properly equipped facility(s), whether fixed, mobile, or portable, for the administration of general anesthesia or deep sedation in which the permit holder agrees to have available and utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the "Guidelines for the Use of Sedation and General Anesthesia by Dentists" as adopted by the October 2007 American Dental Association House of Delegates and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual", 8th edition.

Initial in handwriting all that are or will be in place and functional in your office during the office general anesthesia evaluation.

_____ Drug Control Program (Give a brief description on separate page. Please include methods of storage, security measures, tracking of outdates, and reorder protocol.)

_____ Reserve Oxygen Supply

Automatic Switchover?

Manual Switchover?

_____ Electrocardiogram

(Hard copy available?)

YES

NO

_____ Pulse Oximeter

(Hard copy available?)

YES

NO

_____ Blood Pressure Apparatus

Automatic

Manual

(Hard copy available?)

YES

NO

_____ Reserve Suction

Battery Powered

Water Powered

Oxygen Powered

Manual

_____ Laryngoscope

(Bulbs and batteries checked regularly?)

YES

NO

_____ Endotracheal Tubes and Connectors

(Adult and Pediatric sizes?) YES NO

_____ Oropharyngeal Airways

(Adult and Pediatric sizes?) YES NO

_____ Anesthesia Record (attach copy to application)

_____ Preoperative medical history, blood pressure, pulse rate, body weight

(attach copy to this application)

_____ Safety-indexed fittings on all piped gas connections and outlets

_____ Steam, Dry Heat, ChemClave, or Gas Sterilizer

_____ Hepatitis Inoculations for all "patient contact" personnel

_____ At least two (2) assistants with doctor during general anesthesia or deep sedation.

_____ Crash Cart

_____ Positive Pressure Oxygen Delivery System

_____ Vaporizer(s)

Agents? _____

_____ Defibrillator

_____ Method of checking accuracy of oxygen source and other anesthetic agents delivery systems.

_____ Auxiliary lighting available in each operatory

What type of practice?

General Practice

Specialty Practice (Type) _____