Ohio State Dental Board
77 S. High Street, 17th Floor
Columbus, Ohio 43215-6135

(614) 466-2580 Tel
(614) 752-8995 Fax
Dental.Ohio.Gov

INFECTION CONTROL EVALUATION

Name: _____ Date: _____

Address: _____

Practice Name: _____ Phone #: _____

Investigator: _____ Case #: _____ County #: _____

A) Heat Sterilization ☐ Yes ☐ No Steam # Chemical #: Dry #:

B) Weekly Biological Testing ☐ Yes ☐ No If No – How often? _____

Independent Entity _____ In Office _____ Control: ☐ Yes ☐ No

C) Chemical Sterilization ☐ Yes ☐ No What Brand _____

D) Disposables (Not disposed of) _____

	Heat Sterilized			Other
E) High Speed Handpieces	☐ Yes	☐ No		
Slow speed Contra Angles	☐ Yes	☐ No	☐ N/A	
Nose Cones/Hyg Handpieces	☐ Yes	☐ No	☐ N/A	
Burs	☐ Yes	☐ No	☐ N/A	
Endodontic Files/Reamers	☐ Yes	☐ No	☐ N/A	
Hand Instruments	☐ Yes	☐ No	☐ N/A	
Orthodontic Instruments	☐ Yes	☐ No	☐ N/A	
Prophy Angles	☐ Yes	☐ No	☐ N/A	
Air/Water Syringe Tips	☐ Yes	☐ No	☐ N/A	
Metal Impression Trays	☐ Yes	☐ No	☐ N/A	
Ultra Sonic Scalers	☐ Yes	☐ No	☐ N/A	
Intra-Oral Radiography Equip.	☐ Yes	☐ No	☐ N/A	
F) Wrap utilized (when needed)	☐ Yes	☐ No	☐ N/A	
Changed between patients	☐ Yes	☐ No		
G) Surface Disinfectant Used	☐ Yes	☐ No	What Brand?	
Used according to Manuf. Inst.	☐ Yes	☐ No		
H) Sharps Container (Approved)	☐ Yes	☐ No	If No – Type?	
I) Gloves	☐ Yes	☐ No	If No – Who?	
Masks (when needed)	☐ Yes	☐ No	If No – Who?	
Eye Protection w/Side Shields and/or Chin Length Face Shield	☐ Yes	☐ No	If No – Who	

Dentist(s)	HBV	License #	Posted	OARRS	CS #	GA #

Dental Hygienist(s)	HBV	License #	OARRS Delegate	Local Anesthesia	N_2O-O_2 Administrate	N_2O-O_2 Monitor	EFDA #	PU

Assistant(s)/Other DHCW's	HBV	Radiology #	OARRS Delegate	CDA	Sealants	N_2O-O_2 Monitoring	CP #	EFDA #	PU

Dentist Signature

Print Name

Person Assisting with Evaluation

For Official Use Only			
Date of Last ICE:			
Send Certificate	☐	Warning Letter	☐
No Certificate	☐	Enforcement	☐
Verbal Warning	☐	Prior IC Violations	☐