



Ohio State Dental Board 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 N/A What Brand _____

D) Disposables not disposed of: _____

	Heat Sterilized		Other
	Yes	No	
E) High speed handpieces: # _____	Yes	No	_____
Contra-Angles	Yes	No	N/A _____
Nose Cones/Hygiene 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 Pts: Yes No

G) Surface Disinfectant Used: Yes No What Brand _____
Used According to Manf. Inst. Yes No

H) Sharps Container(Approved): Yes No If No - What kind of container? _____

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? _____

Dentists	HBV	HBV WAV	License #	Posted	CS	GA

Hygienists	HBV	HBV WAV	License #	Posted	LOCAL ANES.	N ₂ O	PRAC. UNSUPER

Assistants/Other DHCWs	HBV	HBV WAV	SEALANT	CDA	Rad. Certificate #	Posted	CP	EFDA

Signature: _____

Print Name: _____

For Official Use Only	Date of Last ICE: _____
Send Certificate <input type="checkbox"/>	No Certificate <input type="checkbox"/>
Verbal Warning <input type="checkbox"/>	Warning Letter <input type="checkbox"/>
Enforcement <input type="checkbox"/>	Prior IC Violations <input type="checkbox"/>