Nevada Board of Dental Examiners
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INFECTION CONTROL INSPECTION/AUDIT COMPLIANCE FORM

Rev 1/2026

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

COMPLIANCE CRITERIA

IF YOU RECEIVE AN "N" (or NO) ON ANY SECTION HIGHLIGHTED RED - that 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 NOT SECTION HIGHLIGHTED RED - that 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.

ADMINISTRATIVE MEASURES

1	Infection Control Program Manual: Is there a written Infection Control Program that is specific to this location and easily accessible by all staff available as a single printable document on your computer server? Is there a designated infection control coordinator? Name: ****Prior to inspection, print a physical hard copy of your IC Program for the inspectors review.****	**Y**	**N**
2	Bloodborne Pathogen Policy: Are there written policies and procedures for preventing and controlling the transmission of bloodborne pathogens?	**Y**	**N**
3	Bloodborne Pathogen Training: Is there documentation of bloodborne pathogen training at the date of hire for each clinical staff member?	**Y**	**N**
4	Critical & Semi-Critical Instruments: Is there documentation of education and training that is appropriate to each dental personnel/staff member, including hands-on training for personnel that process semi-critical and critical instruments?	**Y**	**N**
5	Annual Review: Is there documentation of review of the Infection Control Program at least annually to ensure compliance with best practices?	**Y**	**N**
6	Training Records: Are there written policies and procedures for training records to be kept for a minimum of 3 years?	**Y**	**N**
7	Corrective Action: Are there written policies and procedures for corrective action for deviations from the Infection Control Program, including documentation of corrective actions taken?	**Y**	**N**
8	Medical Conditions, Patients: Does the practice have written policies to ensure compliance with NAC 441A.225 for reporting cases or suspected cases of communicable diseases to the state health authority? Does the policy include the list of reportable diseases from NAC 441A.040 and provide contact information for the applicable local health department?	**Y**	**N**
9	Medical Conditions, Staff: Are there written policies and procedures for PROVIDERS/STAFF with an acute or chronic medical condition(s) that may expose others to infection?	**Y**	**N**

10	Vaccinations: Are there written policies and procedures requiring that the following vaccinations be offered at no cost to all DHCP, and is a signed, confidential form documenting the offered vaccinations included in each employee's record? ***Policy review only*** *Vaccines offered should include:* *1. Hepatitis B 2. Influenza 3. MMR 4. Varicella 5. Tetanus* *This form should consist of the following:* *a. Informed Consent b. Exposure Risk c. Employee Acceptance/Declination d. Employee Signature*	Y	N
11	Exposure Management: Are there written policies and procedures regarding all occupational exposures, which include a post-exposure medical plan, and is this documented in a log?	Y	N
12	24/7 Contact Telephone Number: Is a 24/7 contact telephone number for a qualified healthcare provider to handle occupational/post-exposure care posted in an accessible area?	Y	N
13	Records: Does the office maintain a confidential employee health record that includes any exposure and post-exposure care received? ***Y/N only – cannot review confidential records***	Y	N
STANDARD PRECAUTIONS			
Section 1: Hand Hygiene			
14	Hand Hygiene: Are there written policies and procedures for hand hygiene, including documentation of training?	Y	N
15	Demonstrate: Are team members adequately able to demonstrate appropriate hand hygiene techniques in line with the written policies and procedures?	Y	N
16	Accessible Supplies: Are there supplies for hand hygiene accessible to employees at the point of need? (e.g., soap, water, alcohol rub if used)	Y	N
Section 2: Personal Protective Equipment (PPE)			
17	PPE: Are there written policies and procedures for proper use of personal protective equipment?	Y	N
18	Demonstrate: Do health care workers display appropriate use of PPE?	Y	N
19	Occupational Safety: Are there written policies and procedures and supplies available for personnel to wear puncture-resistant, heavy-duty utility gloves when processing contaminated instruments? (not exam/patient care gloves)	Y	N
20	Are gloves available in appropriate sizes, including both latex and latex-free options, utility gloves, and sterile surgical gloves **IF** surgeries are performed in the office?	Y	N
21	Is the level of masks appropriate to the procedure type performed in the office?	Y	N
22	Are safety glasses with side shields or full-face shields and/or loupes available for use?	Y	N
23	Are disposable and/or laundered gowns available for use in the office?	Y	N
Section 3: Respiratory Hygiene			
24	Are there written policies and procedures to manage patients who exhibit signs of respiratory infection/illness?	Y	N
25	Prevention: Is there documentation of education and training on infection prevention measures to contain/prevent the spread of respiratory pathogens?	Y	N
26	Patient Resources: Is there signage posted in the public lobby instructing proper cough etiquette? Are there appropriate supplies available for patients to minimize the spread of illness? (e.g., tissues, masks, hand sanitizer)	Y	N
Section 4: Sharps Safety			
27	Occupational Safety: Are there written policies and procedures for the handling and management of sharps and safe injection practices, as well as exposure and incident reporting forms, including a sharps injury log?	Y	N
28	Demonstrate: Are safe recapping techniques/devices used and demonstrated by the staff?	Y	N
29	Are approved sharps containers utilized, accessible, and secured to the counter/wall?	Y	N
30	Do employees use engineering controls (e.g., forceps, hemostats, etc.) to retrieve contaminated sharps from syringes, handles, trays, or containers?	Y	N
31	Are single-use sharps (blades, needles, sutures, etc.) disposed of after use?	Y	N
32	Are sharps containers removed from service when full and processed appropriately?	Y	N
Section 5: Sterilization and Disinfection of Patient-Care Items and Devices			
33	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
34	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
35	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
36	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
37	Instrument loading: Are there written policies and procedures for proper sterilization loading techniques for each sterilizer?		Y	N
38	Sterilizer Testing: Are there written policies and procedures for sterilization and biological monitoring, including how to handle a failed biological monitoring test?		Y	N
39	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
40	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
41	Are weekly biological monitoring logs kept for a minimum of 3 years or since opening?		Y	N
42	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
43	Are single-use items, supplies, or devices and items labeled with ⊗ discarded after use and not reprocessed?		Y	N
44	Are critical items (any instrument that penetrates soft tissue or bone) sterilized after each use?		Y	N
45	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
46	Are semi-critical items sterilized after each use if not heat sensitive?		Y	N
47	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
48	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
49	Demonstrate: Is proper sterilization loading technique demonstrated by staff in accordance with the manufacturer guidelines?		Y	N
50	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
51	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
Section 6: Environmental Infection Prevention and Control				
52	Patient Operatory: Are there written policies and procedures for aseptic management during patient care, including disinfection and environmental barrier protection?		Y	N
53	Are appropriate barrier products available for patient use during procedures? (e.g., dental dams, protective eyewear, etc.)		Y	N
54	Radiographs: Are there written policies and procedures in place to prevent cross-contamination when taking and processing dental radiographs?		Y	N
55	Are all clinical contact surfaces protected with barriers, especially areas that are difficult to clean?		Y	N
56	Are there written policies and procedures for cleaning and disinfecting the dental chair between patients?		Y	N
57	Are barriers removed, followed by cleaning and disinfection of surfaces, before new barriers are applied between patients?		Y	N

58	Are unprotected clinical contact surfaces cleaned and then disinfected after each patient using an EPA-registered hospital disinfectant, low-intermediate level, in accordance with the manufacturer's instructions?		Y	N
59	Is an intermediate-level disinfectant with a tuberculocidal (TB) claim used if surfaces are visibly contaminated by blood?		Y	N
60	Are EPA-registered disinfectants prepared following the manufacturer's instructions for use? (shelf life, storage, use of material compatibility)	N/A	Y	N
61	Biological Spills: Are there written policies and procedures for decontaminating biohazardous fluids with necessary supplies present for decontamination?		Y	N
	a. Is there a **biological** spill kit?		Y	N
62	Medical Waste: Are there written policies and procedures for medical waste management, and is the name and telephone number of the licensed waste hauler for regulated waste available?		Y	N
	a. Name of company used: _____		Y	N
	b. Is biohazardous waste stored properly?		Y	N
63	Housekeeping: Are there written policies and procedures for housekeeping surfaces (e.g., sinks, floors, walls, drawers, and supply containers) to be cleaned and disinfected with an EPA-registered low- to intermediate-level disinfectant regularly as a part of routine maintenance?		Y	N
	a. In-house?	N/A	Y	N
	b. Hired? If yes, name of company: _____ Is there a written job description that outlines proper sharps safety and management?	N/A	Y	N
Section 7: Laboratory				
64	Lab: Are there written policies and procedures to maintain asepsis and prevent cross-contamination during dental laboratory procedures?		Y	N
65	Are splash shields and equipment guards used on dental laboratory lathes and grinders?	N/A	Y	N
66	Is fresh pumice and a sterilized or new rag wheel used for each patient?	N/A	Y	N
67	Are devices used to polish, trim, or adjust contaminated intraoral devices disinfected and/or sterilized between patients?	N/A	Y	N
68	Are intraoral items such as impressions, bite registrations, prosthetics, crowns, bridges, and orthodontic appliances cleaned and disinfected before lab procedures and before delivering to the patient?		Y	N
DENTAL UNIT WATER QUALITY				
69	Is sterile saline or sterile water coolant used for surgical implant procedures?		Y	N
70	Water Lines: Are there written policies and procedures for meeting the EPA potable water standard and treating biofilm, including treating, testing, and retesting water lines?		Y	N
71	Water Line Documentation: Is documentation kept for dental unit water line testing to meet the potable water standard of EPA <500 CFU/ml?		Y	N
	a. Product used to treat water to meet the potable water standard: _____		Y	N
	b. How are the water lines tested? _____		Y	N
	c. Are the water lines being tested quarterly, and is this documented in a log?		Y	N
72	Line Flushing: Are there written policies and procedures for dental unit water lines to be flushed for 2 minutes each day prior to use and in between patients for a minimum of 20 seconds?		Y	N
OTHER				
73	Are basic first aid products and equipment available?		Y	N
74	Are emergency medical supplies available? (Recommended to include: Nitroglycerin, Benadryl, Epinephrine auto-injector for adult and child if applicable, Aspirin, Albuterol, Glucose or Glucose substitute, Oxygen, etc.)		Y	N
75	Medical History Form: Is there a comprehensive and annually updated medical history form used to evaluate patients?		Y	N
76	Is there a working eyewash station available?		Y	N
77	Is an FDA-approved chemical sterilant being used, and are written policies and procedures in place to ensure proper exposure time is followed?	N/A	Y	N
78	Are all applicable label instructions followed on the FDA-approved chemical sterilant, including expiration date, shelf life, storage, safe use, disposal, and material compatibility?	N/A	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/audit compliance 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 has had a recent negative tuberculosis test. The Board has determined that this screening question meets compliance requirements. Employers are not entitled to applicants' personal health information under the Health Insurance Portability and Accountability Act. 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/audit compliance 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:**_____