

Date of Site Visit
Provider Name

Time of Site Visit
Name of Practice
Address
Phone

MDC LARP Site Visit Checklist

Requirement	Satisfactory? Yes or No	Evidence Notes
1. Copies of licenses for all practicing dentists		
2. Documentation of annual review of the written office health and safety program.		
3. Presence of Eye wash station and First aid/emergency kit		
4. Hepatitis B Vaccination forms for employees		
5. Weekly spore test results for every heat source of sterilization in the office for the last 6 months		
6. Separation of clean and soiled sterilization areas		
7. Sterilization bags are dated		
8. Biohazardous waste manifest		
9. Radiation Facility Registration permit		
10. Display of notice regarding CDC's guidelines on universal precautions (Poster provided)		
11. Use of personal protective equipment		
12. Use of lead apron including thyroid		
13. Dental Unit Water Lines Testing		
14. Dentist weekly hours		
15. Dentist % Medicaid seen		
16. Overall Practice cleanliness and Organization		
Additional notes		

Site visit conducted by: _____