

**IDAHO BUREAU OF OCCUPATIONAL LICENSES
DENTURIST INSPECTION FORM**

Name of Business: _____

Owner: _____ License No.: _____

Street Address: _____

City, Zip: _____

ITEM NUMBER	WEIGHT	POINTS OFF
1. Premises. Office premises shall be separate and apart from living, dining, and sleeping areas <input type="checkbox"/> Maintained in a clean and orderly manner <input type="checkbox"/>	10	_____
2. Reception Room. Clean.....	10	_____
3. Operatory Room. Clean <input type="checkbox"/> Hot and cold running water and basin with approved disposal system <input type="checkbox"/> Hands washed prior to waiting on each patron <input type="checkbox"/> Disinfectant soap <input type="checkbox"/> Single-use towels <input type="checkbox"/> Cuspidor with running water or sink available from chair <input type="checkbox"/> Closed waste receptacle <input type="checkbox"/> Bib <input type="checkbox"/> Gloves <input type="checkbox"/>	10	_____
4. Laboratory Room. Clean <input type="checkbox"/> Implements and equipment maintained in a clean and sanitary manner <input type="checkbox"/> Countertops and other surfaces clean and orderly <input type="checkbox"/>	10	_____
5. Instrument Sanitizing. An acceptable method of instrument sanitation is evident and in use	10	_____
6. Clothing. Clean.....	10	_____
7. Toilet Facilities. Adequate, clean and convenient <input type="checkbox"/> Hot and cold running water, basin, and approved drainage system <input type="checkbox"/> Soap and single-use towels <input type="checkbox"/>	10	_____
8. Safety. No fire or safety hazard <input type="checkbox"/> Approved first aid kit <input type="checkbox"/> Emergency phone numbers posted on telephone <input type="checkbox"/> No pets or birds <input type="checkbox"/>	10	_____
9. Certificates and Posting Notices. Classification card conspicuously displayed <input type="checkbox"/> Standards of conduct and practice card conspicuously displayed <input type="checkbox"/> Consumer information card conspicuously displayed <input type="checkbox"/>	10	_____
10. License. Personal license conspicuously displayed.....	10	_____
GRAND TOTAL	100	_____

NOTES: _____

Grading of Denturist labs. "A" for a score of 90 through 100; "B" for a score of 80 through 89; and "C" for a score of 79 or below. The "C" classification denotes unacceptable conditions. Required improvements must be demonstrated within thirty (30) days for continued operation. These inspection requirements are in accordance with the laws of the State of Idaho and the rules of the Idaho State Board of Dentistry.

Investigator: _____ Denturist: _____

Inspection Date: _____

COPY TO BE RETAINED BY LICENSEE