



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES**



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DENTAL LABORATORY

ROUTINE CHANGE LOC NEW CURRENTLY NOT OPERATING

INSPECTION AUTHORITY - CHAPTER 466.036, F.S., AND 64B27-1.001 F.A.C.

File # _____
Insp # _____

NAME OF ESTABLISHMENT		PERMIT NUMBER		DATE OF INSPECTION	
DOING BUSINESS AS		OWNER'S NAME			
STREET ADDRESS		TELEPHONE #		EXT.	
CITY		COUNTY		STATE/ZIP	
PERSON EMPLOYED	LICENSE NUMBER	PERSON EMPLOYED	LICENSE NUMBER		
				SATISFACTORY	N/A YES NO
1	Dental laboratory currently registered. [466.032(1); 466.039, F.S.]			<input type="checkbox"/>	<input type="checkbox"/>
2	Clean and orderly and in good repair. [64B27-1.001 (2)(a), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
3	Daily proper disposal of waste material. [64B27-1.001 (2)(b), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
4	Copy of registration on premises, readily available. [64B27-1.001 (2)(c), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
5	Prescription/work order from a licensed dentist for each appliance constructed or repaired. [64B27-1.001 (2)(d), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
6	Each prescription/work order contains the license number of the dentist. [466.021, F.S.]			<input type="checkbox"/>	<input type="checkbox"/>
7	Each prescription/work order contains the specification of materials used in each work product. [466.021, F.S.]			<input type="checkbox"/>	<input type="checkbox"/>
8	Delivered documentation of final restoration, discloses in writing, all certificates of authenticity and point of origin of manufacture. [466.021, F.S.]			<input type="checkbox"/>	<input type="checkbox"/>
9	Prescriptions maintained on premises for a four year period. [64B27-1.001 (2)(d), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
10	Written policy and procedures on sanitation on premises. [64B27-1.001 (2)(e), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
11	Written policy and procedures include procedures on intake and disinfection of possible contaminated items received. [64B27-1.001 (2)(e)1., F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
12	Written policy and procedures include procedures for handling of items received known to have come from identified HBV/HIV virus carriers. [64B27-1.001 (2)(e)2, F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
13	Laboratory has designated receiving area. [64B27-1.001 (3), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
14	Laboratory work surfaces/counter tops constructed of nonporous materials. [64B27-1.001 (3)(a), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
15	Work surfaces disinfected daily. [64B27-1.001 (3)(a), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
16	Receiving area employees wearing disposable gloves. [64B27-1.001 (3)(b), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
17	The dental lab owner/operator or a designated employee who worked at the laboratory for at least one full year has completed 18 hours of continuing education (CE) biennially. [466.032(5),F.S.; 64B27-1.003(1),F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
18	The dental laboratory has retained documentation of completion of the continuing education courses. [466.032(5)(d),F.S.]			<input type="checkbox"/>	<input type="checkbox"/>
PROHIBITED EQUIPMENT ON PREMISES					
19	Dental chair(s) on premises? [64B27-1.001 (4)(a), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
20	X-ray machine(s) on premises? [64B27-1.001 (4)(b), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
21	Anesthetics, sedatives, or medicinal drugs other than personal prescriptions on premises? [64B27-1.001(4)(c), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
Remarks:					

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

PRINT NAME OF RECIPIENT _____

ID _____

Signature of Owner or Representative _____

Date _____

Investigator Signature _____

Save