



STATE OF NEW HAMPSHIRE  
OFFICE OF PROFESSIONAL LICENSURE AND  
CERTIFICATION  
*BOARD OF DENTAL EXAMINERS*  
7 EAGLE SQUARE, CONCORD, NH 03301-4980  
Telephone: 603-271-2152  
TDD Access: Relay NH 1-800-735-2964  
[www.oplc.nh.gov](http://www.oplc.nh.gov)

## Simulated Emergency Management

Name of Licensee: \_\_\_\_\_

License #: \_\_\_\_\_

Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Scenario	Pass	Fail
Scenario 1		
Scenario 2		
Scenario 3		
Scenario 4		
Scenario 5		

### For Inspector's Use Only

Deficiencies:

\_\_\_\_\_

\_\_\_\_\_

Correction Plan:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_