



Facility Hosting Permit Inspection

Name of Licensee: _____

License #: _____

Date: _____

Facility Address: _____

Name of Inspector: _____

Oxygen Delivery Systems- Den 304.07 (a) (1)			
Requirement	Yes	No	
Portable O ₂ tank			
Bag valve mask with connector tubing for O ₂ tank			
Nasal cannula or oxygen mask with connector tubing for O ₂ tank			
Suction Equipment- Den 304.07 (a)(2)			
Requirement	Yes	No	
Capable of suctioning the throat in all operatories and recovery rooms			
Yankauer suction tip with connector for suction unit			
Transportation Equipment- Den 304.07 (a)(3)			
Requirement	Yes	No	
Wheelchair			
Vital Signs Monitoring Equipment- Den 304.07 (a)(4)			
Requirement	NA	Yes	No
Continuous pulse oximeter			
Blood pressure monitor with cuffs for adult patients*			
Blood pressure monitor with cuffs for patients under 13*			
Defibrillator Equipment- Den 304.07 (a) (5)			
Requirement	NA	Yes	No
Manual or automated external defibrillator (AED)			
Unexpired batteries for defibrillator or AED, if battery powered			
Log maintained documenting monthly inspection for defibrillator or AED functionality			
Unexpired adult defibrillator pads that connect to the facility's defibrillator or AED			
Unexpired pediatric defibrillator pads that connect to the facility's defibrillator or AED for patients under 13			

*Ability to Monitor Blood Pressure



STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF DENTAL EXAMINERS
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 Telephone: 603-271-2152
 TDD Access: Relay NH 1-800-735-2964
www.oplc.nh.gov

Auxiliary Light Source- Den 304.07 (a) (6)			
Requirement	Yes	No	
Auxiliary light source capable of use during power failure	<input type="checkbox"/>	<input type="checkbox"/>	
Rigid CPR Board- Den 304.07 (a) (7)			
Requirement	Yes	No	
Rigid CPR Board	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing Requirements- Den 304.07 (a) (8)			
Requirement	NA	Yes	No
Operating Dentist PALS certification, if not the qualified provider and if patients under age 13 are treated at facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Assistant with current BLS Certification on staff for procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Personnel available to call 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate staffing on site, as described in Den 304.05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Inspector's Use Only

Deficiencies:

Correction Plan:

Signature: _____

Date: _____