



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
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 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			
Rigid CPR Board- Den 304.07 (a) (7)			
Requirement	Yes	No	
Rigid CPR Board			
Staffing Requirements- Den 304.07 (a) (8)			
Requirement	NA	Yes	No
Operating Dentist BLS certification			
Operating Dentist ACLS Certification			
Operating Dentist PALS certification if patients under age 13 are treated at facility			
Dental Assistant with current BLS Certification on staff for procedure			
Additional Personnel available to call 911			
Appropriate staffing on site, as described in Den 304.08			

For Inspector's Use Only

Deficiencies:

Correction Plan:

Signature: _____

Date: _____