



South Carolina Board of Dentistry

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**MOBILE DENTAL FACILITY/PORTABLE DENTAL OPERATION
INSPECTION CHECKLIST**

Permit Credential No.: _____ Date of Inspection: _____ Initial Re-inspection

Operator/Business Name: _____

Address: _____

Physical Address different than listed: _____

Portable Unit Serial No: _____ Mobile License Plate: _____

Licensees registered: _____

RECORDS

Have sample forms or current patient charts available for Inspectors to review.

1. Patient chart/information sheet contains:
 - a. Official address and telephone number listed. *(40-15-172(B)(10)(a))*
 - b. Location where services were provided. *(Regulations 39-18(F)(4))*
 - c. Name of licensee and staff who provided services and their license numbers, if applicable. *(40-15-172(B)(10)(b))*
 - d. Description of treatment rendered, billed service codes, fees associated with treatment, and tooth numbers when appropriate. *(40-15-172(B)(10)(c))*
 - e. Description of dental needs observed by hygienist's screening or diagnosed during dental evaluation.
 - f. Recommendation for patient to see another dentist in the patient's geographic area for follow up treatment of the needs observed if mobile unit is unable to provide services. *(40-15-172(B)(10)(e))*
 - g. If consent is given by patient or patient's guardian, the institutional facility is provided with a copy of the information sheet. *(40-15-172(B)(10))*
2. Informed consent form for minors; must be signed by parent or guardian. *(Regulations 39-18(G)(5))*
3. Emergency follow up care: *must include prior arrangements for following up care located in the geographic area where services are being provided and contact information for patient to utilize for follow up care. (40-15172(B)(7))*

- 4. Confidential written or electronic records system maintained at a central office location or portable dental operation documenting each location where services are provided to include:
 - street address of the service location;
 - date and time at each service location;
 - number of patients served; and
 - type of dental services provided to each patient by name.
 (40-15-172(B)(5) & Regulation 39-18(K)(1))

EQUIPMENT

- 1. Communication device available to enable immediate contact with appropriate persons in the event of a medical emergency. Communications device must enable patient, parent/guardian, or provider to contact the operator for emergency care, follow-up care or information regarding treatment received. (40-15-172(B)(8))

For Mobile Units:

- 2. Working carbon monoxide detector. (40-15-172(B)(9))
- 3. Ready access to a ramp of lift if services are provided to disabled persons (Regulation 39-18(D)(6))
- 4. Properly functioning sterilization system (Regulation 39-18(I)(2))
- 5. Access to potable water, including hot water (Regulation 39-18(I)(3))
- 6. Ready access to toilet facilities (Regulation 39-18(I)(4))
- 7. A covered galvanized, stainless steel or other noncorrosive container for deposit of refuse and waste materials. (Regulation 39-18(I)(5))
- 8. Proof of radiographic equipment inspection, if applicable (Regulation 39-18(I)(1))

COMPLIANCE

- 1. Operator possess all applicable county and city licenses or permits. Includes business licenses to operate. (40-15-172(A)(3))
- 2. Permit affixed in a prominent and conspicuous place. (Regulations 39-18(E)(1))
- 3. Copy of license for dentists and dental hygienists providing services, to be in plain view of patients (40-15-172(B)(3))
- 4. Applicable federal, state, and local laws, regulations and ordinances dealing with:
 - a. Flammability – fire protection and suppression system in accordance with SC Regulations 61-108.1202.A and other local laws, regulations and ordinances
 - b. Zoning and Construction (Regulation 61-108.1601)
 - c. Sanitation (Regulation 61-108.1403)
 - d. Infectious waste management and universal precautions (Regulations 61-108.1406 and 61-108.1407)
 - e. OSHA and CDC guidelines (OSHA Standard Number 1915.88)

Inspection Results: Pass Fail (Must schedule re-inspection within thirty (30) days from date of inspection)

Comments: _____

Signature of Operator or Designee: _____ Date: _____

Signature of Inspector: _____ Date: _____

Failure to pass the initial inspection will result in a re-inspection within thirty (30) days. Applicants who fail to pass the second inspection for non-compliance or exceed thirty (30) days, or require multiple rescheduling of an inspection greater than three (3) times, will be charged at a rate of \$75 per hour (including travel time) for each subsequent inspection.

Upon a passed inspection, the operator will be issued a sticker, with the current year indicated, to be affixed to the mobile dental facility or portable dental operation.