

**Infection Control Considerations for Dental Services in Sites
Using Portable Equipment or Mobile Vans**

Name and Type of Setting: _____

Date of assessment: _____

Range of Proposed Services: _____

Considerations	Acceptable?			Comments
	Yes	No	N A	
PERSONNEL				
Site personnel available as point person for fielding questions and concerns				
Site personnel available for facilitating follow-up of exposures to infectious agents				
PHYSICAL				
Reasonably accessible route into/within building to transport equipment and supplies				
Adequate space for equipment (e.g., chairs, lights, sterilizers)				
Adequate space for supplies				
Adequate space for staff movement				

Considerations	Acceptable?		N A	Comments
	Yes	No		
PHYSICAL, continued				
Adequate space for Patient intake and staging				
Adequate space for Radiographic equipment				
Adequate space for Instrument cleaning and processing or secured holding area				
Adequate space for safe handling of Medical waste (regulated and non-regulated)				
Adequate space for Sharps Disposal				
Adequate space for Long and short-term storage				
Non-carpeted areas to provide services				
Availability and close proximity of running water				
Close proximity of electrical outlets that accommodate electrical requirements of equipment				

Site Assessment Worksheet from OSAP ©2010-2016

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Considerations	Acceptable?		Comments	
	Yes	No	N A	Yes
PHYSICAL, continued				
Adequate room lighting				
Waste disposal requirements for regulated and non-regulated waste known and acceptable				
Ability to cover or clean and disinfect environmental surfaces in service area				
Adequate ventilation for disinfectants, etc.				
Acceptable housekeeping practices for site and treatment area				
Site restrictions on chemicals, sprays, etc. are known and can be accommodated				

General Assessment of Site:

Adaptations Needed if Used: