



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV398 - Dental Laboratory**



File #
Insp #

NAME	PERMIT NUMBER	DATE OF INSPECTION	
DOING BUSINESS AS			
STREET ADDRESS		TELEPHONE #	EXT
CITY	COUNTY	STATE/ZIP	

Additional Information

Owner Contact

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Inspection Employee Tracking

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INV 398 - Dental Laboratory

Dental Laboratory Requirements

Dental laboratory currently registered. [466.032(1); 466.039, F.S.]	Yes
Clean and orderly and in good repair with regard to normal fabrication procedures. [64B27-1.001 (2)(a), F.A.C.]	Yes
Daily proper disposal of waste material. [64B27-1.001 (2)(b), F.A.C.]	Yes
Copy of registration on premises, readily available. [64B27-1.001 (2)(c), F.A.C.]	Yes
Prescription from a licensed dentist for each appliance constructed or repaired. [466.021 F.S.]	Yes
Prescriptions contain the license number of the dentist and the specification of materials used in each work product. [466.021, F.S.]	Yes
Delivered documentation of final restoration, discloses in writing, all certificates of authenticity and point of origin of manufacture. [466.021, F.S.]	Yes
Prescriptions maintained on premises for a four-year period. [466.021, F.S.]	Yes
Written policy and procedures on sanitation on premises. [64B27-1.001 (2)(e), F.A.C.]	Yes
Written policy and procedures include procedures on intake and disinfection of possible contaminated items received. [64B27-1.001 (2)(e)1., F.A.C.]	Yes
Written policy and procedures include procedures for handling of items received known to have come from identified HBV/HIV virus carriers.[64B27-1.001 (2)(e)2, F.A.C.]	Yes
Laboratory has designated receiving area. [64B27-1.001 (3), F.A.C.]	Yes
Laboratory receiving area work surfaces/counter tops are constructed of nonporous materials. [64B27-1.001 (3)(a), F.A.C.]	Yes
Laboratory receiving area work surfaces disinfected daily. [64B27-1.001 (3)(a), F.A.C.]	Yes
Receiving area employees wearing disposable gloves. [64B27-1.001 (3)(b), F.A.C.]	Yes

Prohibited Equipment on Premises

Dental chair(s) on premises? [64B27-1.001 (4)(a), F.A.C.]	Yes=D
X-ray machine(s) on premises? [64B27-1.001 (4)(b), F.A.C.]	Yes=D
Anesthetics, sedatives, or medicinal drugs other than personal prescriptions on premises? [64B27-1.001(4)(c), F.A.C.]	Yes=D

Remarks:

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I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

Representative:

Date:

Date: