



**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

Last Name	First Name
Phone	

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

Prohibited Equipment on Premises

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

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.

Inspector Signature

Representative:

Date:

Date: