

February 4, 2016



The Board of Registration in Dentistry (BORID) has determined that all licensees who hold a Facility Permit D-B1 or Permit D-B2 shall have their offices inspected by BORID Investigators to ensure that their offices are in compliances with all Massachusetts State Rules and Regulations that govern the practice of Dentistry. Please reference the following link:

<http://www.mass.gov/eohhs/docs/dph/quality/boards/pharmacy/update-facility-inspections.pdf>

I am enclosing a Facility Permit D-B information Request Form for you to fill out prior to my scheduling a mutual convenient time to inspect your office. The inspection form for all BORID Inspections can be found at:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/dentist/dental-facility-compliance-inspection-form.html>

~~If you have~~ any questions or concerns, please call me at 617-973-0890. All requested information can be mailed to the Board or faxed to 617-973-0980 to my attention.

Sincerely,



Board of Registration in Dentistry



The Commonwealth of Massachusetts  
Division of Health Professions Licensure  
**Board of Registration in Dentistry**  
239 Causeway Street, 5th Floor, Suite 500  
Boston, MA 02114  
(617) 973-0971  
[www.mass.gov/dph/boards/dn](http://www.mass.gov/dph/boards/dn)

## Facility Permit D-B Information Request Forms

(Effective January, 2016)

1. LICENSEE'S NAME \_\_\_\_\_ MA DN Lic. # \_\_\_\_\_  
Last First MI

2. FACILITY ADDRESS: \_\_\_\_\_  
No. Street Unit #  
City/Town State Zip Code

3. BUSINESS NAME/DOING BUSINESS AS: \_\_\_\_\_

4. TELEPHONE NUMBER-DAY: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

5. EMAIL ADDRESS: \_\_\_\_\_

6. PRACTICE OWNER (if different from applicant)

Name: \_\_\_\_\_ MA Dental Lic. # \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

7. FACILITY DENTAL DIRECTOR (if applicable – see 234 CMR 5.02 (3))

Name: \_\_\_\_\_ MA Dental Lic. # \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

8. Please check off the type of anesthesia administered at this facility:

- Nitrous Oxide- Oxygen Only
- Nitrous Oxide-Oxygen + Oral Sedation
- Oral Sedation Only
- I.V. Sedation
- General Anesthesia and Deep Sedation

**DOCUMENTS/ INFORMATION REQUESTED**

- Complete attached form regarding required Equipment and Emergency Drugs.
- Documentation of most recent fire inspection.
- Copy of current ACLS/ PALS/ BLS certificates for all clinical staff
- Copy of office's medical and dental history form(s).
- Copy of office's Anesthesia Consent Form.
- Copy of a schedule and log demonstrating the regular inspection of all emergency drugs and equipment for administration of minimum or moderate sedation at this facility, including the date(s) and name of person who last checked drugs and equipment, and the results of the checks, according to manufacturers' specifications.
- Copy of a written protocol for the managing medical and dental emergencies.
- Copy of annual training to implement the protocols.
- Copy of weekly spore test results for the last three (3) months.
- Copy of DEA/ Federal Controlled Substance Registration Certificate(s).
- Copy of MCSR/ Massachusetts Controlled Substance Registration(s).
- Copy of current DPH/Radiation Control Program Certificate of Registration.
- Provide a schedule/hours of operation for the office.

EQUIPMENT	DATE LAST INSPECTED
Alternative light source for use during power failure	
Automated or manual external defibrillator including batteries and other components	
Disposable CPR mask (pediatric and adult)	
Disposable syringes (assorted sizes)	
Equipment for the insertion and maintenance of an intravenous infusion	
Equipment suitable for proper positioning of the patient for administration of cardiopulmonary resuscitation, including a back board	
Gas delivery system capable of positive pressure ventilation, which must include: <ul style="list-style-type: none"> <li>▪ Oxygen</li> <li>▪ Safety-keyed hose attachments</li> <li>▪ Capability to administer 100% oxygen in all rooms (operatory, recovery, examination, and reception)</li> <li>▪ Gas storage in compliance with safety codes</li> <li>▪ Adequate waste gas scavenging system</li> <li>▪ Nasal hood or cannula.</li> </ul>	
Latex free tourniquet	
Means of monitoring vital signs (pediatric and adult)	
Oxygen (portable Cylinder E tank) pediatric and adult masks capable of giving positive pressure ventilation including bag-valve-mask system	
Pulse oximeter with battery pack	
Sphygmomanometer and stethoscope (pediatric and adult)	
Suction	
Supervised area for recovery	

**EQUIPMENT REQUIRED**

**EMERGENCY DRUGS AND DRUG CLASSIFICATIONS**

REQUIRED DRUGS	NAME OF DRUG	DOSAGE	EXPIRATION DATE
Acetylsalicylic acid (rapidly absorbable form)			
Ammonia inhalants			
Anticonvulsant			
Antihistamine			
Antihypoglycemic agent			
Bronchodilator			
Corticosteroid			
Epinephrine pre-loaded syringes (pediatric and adult)			
Two epinephrine ampules			
Oxygen			
Reversal Agents			
Vasodilator			
Vasopressor			

Names of dentist(s) and anesthesiologist(s) who administer anesthesia at this facility:	LICENSE NUMBER	ANESTHESIA PERMIT NUMBER	ACLS/BLS CERTIFICATION EXPIRATION DATE

Names of all dental/surgical assistants:	LICENSE NUMBER	EXPIRATION DATE OF CPR/BLS CERTIFICATION