



Peer and Practice Assessment Self-Evaluation Form

Please complete this form and return it to the College by the deadline specified in the notice of selection for **PPA**. The information provided in this self-evaluation will assist the Quality Assurance Committee and the assessor assigned to conduct your assessment.

This form can be filled out **electronically** or by hand.

Section 1: Member's Name and Contact Information

1. a) Member's Name and Registration

Salutation: Ms. Mrs. Mr. Certificate of Registration #:

Last Name: First Name:

1. b) Mailing Name Address

Address: Unit/Suite:

City: Province: Postal Code:

Email:

Phone: Fax:

1. c) Primary Practice Address

Clinic Name:

Address: Unit/Suite:

City: Province: Postal Code:

Email:

Phone: Fax:



Section 2: Practice Checklist

For each identified section, place a check mark where the item or criteria are evident in your primary practice. If an item is not evident in your practice, please provide explanatory comments. Please note that, when **X Critical** appears next to the criteria, it indicates that public safety may be compromised and warrants your immediate attention.

2.a) External Standards

External Standards: Required

- External Signage
- Internal Signage
- Proof of Approval of Clinic Name by College (if applicable)

Does this denture clinic contain the following?:

- Waiting Room
- Washroom
- Business Area
- Operatory
- Laboratory
- Sterilization Area

Does the denture clinic possess the following?:

- Telephone
- Fire Extinguisher
- First Aid Kit
- Certificate of Registration Displayed
- Certificate of Authorization for a Health Professional Corporation (if applicable) Displayed

External Standards Comments:

2.b) Sterilization Area

Sterilization Area: Required

- Sink with hot and cold running water
- Working Ultra-sonic - **X Critical**
- Autoclave/Chemiclave/Dry Heat Oven/Chemical Sterilants
- Sterilization & Spore Testing Records

A sterilization area that is dedicated to instrument sterilization. All sterilized and disinfected equipment should be stored separately in sealed containers in a manner to minimize cross-contamination.

Sterilization Area Comments:



2.c) Operatory

As of June 1, 2011, new practices are required to have a dental chair, examination light and an evacuator or cuspidor in their operatory. As of December 31, 2011, all existing practices must meet the same requirements.

Operatory: Required

- Evidence of instrument cleaning, sterilization, and safe storage - **X Critical**
- Examination light
- Dental chair
- Cuspidor or evacuator with running water
- Disposable examination gloves (e.g., nitrile, vinyl) - **X Critical**
- Impression trays (individually bagged after sterilization and sufficient number to meet sterilization time guidelines) Bags are not to be re-used.
- Mouth mirrors (sufficient number to meet sterilization time guidelines)
- Waste disposal (lined)
- Soap dispenser
- Sink (running hot & cold water)
- Single use disposable towel/air drying mechanism
- Disposable cups

Operatory: Recommended

- Storage area
- Ventilation (windows, exhaust fans)
- Bibs (disposable)
- Facial tissue
- Hand mirror (5" x 7")
- Shade guides
- Safety glasses
- Scrubs
- Lab coat
- Masks

Operatory Area Comments:

2.d) Laboratory

Laboratory: Required

- Evidence of asepsis - **X Critical**
- Evidence of surface cleaning & disinfection - **X Critical**
- Ventilation
- Sink with running hot and cold water supply
- Plaster/polishing impermeable work surface
- Packing/curing impermeable work surface
- Polishing lathe
- Trimming lathe
- Work pans
- Waste disposal
- Safety glasses
- Workplace Hazardous Material Information System (WHMIS) information sheets

Laboratory: Recommended

- Technician bench/stools/chairs
- Storage space
- Boil out unit
- Processing unit
- Bunsen burner
- Splash pans
- Articulators
- Scrubs
- Lab coat

Laboratory Comments:



2.e) Washrooms

Washroom: Required

- Toilet
- Sink with running hot and cold water
- Hand soap (dispenser)
- Single-use/disposable towels or air dryer
- Waste disposal (lined)
- Cleanliness (adequate asepsis and hygiene practiced)

Washroom Comments:

Washroom: Recommended

- Light
- Ventilation
- Mirror

2.f) Waiting Room

Waiting Room: Required

- Cleanliness

Waiting Room Comments:

Waiting Room: Recommended

- Adequate light
- Ventilation
- Chairs
- Coat rack/hangers

2.g) Secure Business Area

Secure Business Area: Required

- Secure file cabinet (record storage)
- Computer screen not observable to non-staff
- Computer records password protected
- Patient treatment records
- Consent to Information Collection document identifying practitioner
- Privacy policy for patients to sign
- Patient receipts
- Patient appointment mechanism
- Consent to Treatment Plan

Secure Business Area Comments:

Secure Business Area: Recommended

- Desk and chair
- Business appointment cards
- Statements/letterhead/envelopes
- Bookkeeping and stationary supplies



Section 3: Signature

Signature

Date (*mm/dd/yyyy*)

Section 4: Form Submission

The completed form can be submitted to the College by one of the following methods:

Email: registration@denturists-cdo.com

Subject Line: Peer and Practice Assessment – Self-Evaluation

Fax: 416-925-6332

Attn: Quality Assurance

Mail:

Attn: Quality Assurance
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4