

# Dental Regulatory Compliance Checklist: State & Federal Guidelines

 Show only Checklist

Display Style  
Default 

## HIPAA Compliance

Ensuring patient privacy and data security according to HIPAA regulations.

**Do you have a designated HIPAA Compliance Officer?**

Yes

No

**Describe your Business Associate Agreements (BAAs) process.**

Write something...



**Are all staff members trained on HIPAA regulations annually?**

Yes

No

**Last HIPAA training date.**

Enter date...

**Describe your procedures for handling patient data breaches.**

Write something...

**Are patient portals secured with multi-factor authentication?**

Yes

No

Not Applicable

**Upload a copy of your HIPAA Privacy Notice.**

 Upload File

# OSHA Compliance

Maintaining a safe work environment and adhering to OSHA standards for infection control and workplace safety.

## Last eyewash station inspection date

## Last sharps container replacement

## Type of PPE readily available (e.g., gloves, masks, gowns)

- Gloves
- Masks
- Gowns
- Face Shields

## Hazard Communication Plan components reviewed?

- Chemical Inventory
- SDS Availability
- Employee Training

### Respiratory Protection Program in place?

Yes

No

### Summary of recent OSHA training topics

Write something...

### Date of last hazard assessment

Enter date...

## State Dental Board Regulations

Compliance with specific rules and requirements set by the state dental board regarding licensing, practice standards, and continuing education.

### Last License Renewal Date

Enter date...

### Continuing Education Credits Earned (Current Reporting Period)

Enter a number...

### Current License Status

- Active
- Inactive
- Suspended
- Expired

### Date of Last Board Audit (if applicable)

Enter date...

### Summary of any Disciplinary Actions (if applicable)

Write something...

### Supervision Type (for Dental Hygienists/Assistants, if applicable)

- Direct Supervision
- General Supervision
- No Supervision Required

### Number of Registered Dentists in Practice (if group practice)

Enter a number...

# DEA Compliance (if applicable)

Adherence to Drug Enforcement Administration regulations for controlled substances, including proper storage, inventory, and dispensing.

## DEA Registration Status?

- Active
- Inactive
- Pending

## Registration Number

## Registration Expiration Date

## Summary of Controlled Substances on Hand (as of last inventory)

## Inventory Count - Morphine (mg)

### Inventory Count - Hydrocodone (mg)

Enter a number...

### Secure Storage Method?

- Safe
- Vault
- Double-Locked Cabinet

### Date of Last Physical Inventory

Enter date...

## Medicare/Medicaid Compliance (if applicable)

Following guidelines for billing and documentation for patients covered by Medicare or Medicaid programs.

### Provider Enrollment Status

- Enrolled
- Pending
- Not Enrolled

### **NPI Number**

Enter a number...

### **Tax Identification Number (TIN)**

Enter a number...

### **Last Medicare/Medicaid Audit Date**

Enter date...

### **Summary of Recent Audit Findings (if applicable)**


Write something...

### **Claims Submission Method**

Electronic

Paper

### **Copy of Current Enrollment Agreement**

 Upload File



**Accessible Parking: Is accessible parking available?**

- Yes
- No
- N/A

**Accessible Restroom: Is an accessible restroom available?**

- Yes
- No
- N/A

**Accessible Toilet Height: Record the height of the toilet seat (minimum 17-19 inches)**

Write something...

**Accessible Sink: Clearance beneath sink (minimum 28 inches)**

- Compliant
- Not Compliant
- N/A

**Photos of Accessible Areas (Entrance, restroom, exam room)**

 Upload File

# Controlled Substance Management

Verification of secure storage, detailed record-keeping, and proper disposal procedures related to controlled substances.

## Last Controlled Substance Inventory Date

## Starting Quantity of [Substance Name]

## Quantity Used/Dispensed During Period

## Quantity on Hand at End of Period

## Discrepancy Found?

Yes

No

### Description of Discrepancy (if applicable)

Write something...

### Method of Reconciliation

- Investigated & Corrected
- Reported to Authorities
- Other

### Notes/Comments

Write something...

## Environmental Regulations

Adherence to local, state, and federal environmental regulations regarding waste disposal, water usage, and emissions.

### Water Usage (Gallons/Month)

Enter a number...

### Waste Volume (lbs/Month)

Enter a number...

### Waste Disposal Method

- Recycling
- Incineration
- Landfill

### Last Wastewater Discharge Permit Review Date

Enter date...

### Hazardous Materials Stored

- Mercury
- X-ray Processing Chemicals
- Anesthetics
- Cleaning Solvents

### Description of Waste Management Procedures

Write something...

# Infection Control Protocols

Regular review and adherence to established infection control protocols including sterilization, disinfection, and personal protective equipment (PPE).

## Autoclave Cycle Count

## Last Instrument Reprocessing Validation Date

## Surface Disinfectant Used

- Chlorhexidine Gluconate
- Quaternary Ammonium Compound
- Hydrogen Peroxide
- Other (Specify)

## PPE Used During Procedures

- Gloves
- Mask
- Eye Protection
- Gown

### Notes on Unusual Issues/Deviations

Write something...

### Date of last surface disinfection

Enter date...

### Type of Water System

- City Water
- Well Water
- Reverse Osmosis System

## Record Keeping & Documentation

Ensuring accurate and complete patient records, adherence to retention policies, and secure storage of sensitive information.

### Record Retention Policy Review Date

Enter date...

### Number of Years Patient Records Retained (Digital)

Enter a number...

### Number of Years Patient Records Retained (Physical)

Enter a number...

### Record Storage Method (Digital/Physical)

Digital

Physical

### Summary of Record Destruction Procedure

Write something...

### HIPAA Business Associate Agreements Current?

Yes

No

### Date of Last Audit of Patient Records

Enter date...

### Details of any Corrective Actions following Audit

Write something...