

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Suite 100, 600 East Amite Street • Jackson, Mississippi 39201-2801 • (601) 944-9622 • www.dentalboard.ms.gov

MOBILE AND PORTABLE DENTAL FACILITIES SITE VISIT FORM

NAME _____ DATE _____

PERMANENT OFFICE ADDRESS _____

SITE VISIT TEAM MEMBERS _____

MINIMUM REQUIREMENTS

1. _____ DENTIST'S LICENSE DISPLAYED IN OBVIOUS VIEW OF PATIENTS.
_____ HYGIENIST'S LICENSE DISPLAYED IN OBVIOUS VIEW OF PATIENTS.
_____ RADIOLOGY PERMITS DISPLAYED IN OBVIOUS VIEW OF PATIENTS.
2. _____ VALID, UNEXPIRED CPR CARDS FOR DENTIST AND ALL AUXILIARIES WITH DIRECT PATIENT CARE RESPONSIBILITIES.
3. _____ APPLICABLE COUNTY OR CITY PERMITS TO OPERATE MOBILE DENTAL FACILITY.
4. _____ COMMUNICATION CAPABILITIES.
5. _____ READY ACCESS TO RAMP OR LIFT.
6. _____ PROPERLY FUNCTIONING STERILIZATION SYSTEM.
7. _____ READY ACCESS TO ADEQUATE SUPPLY OF POTABLE WATER, INCLUDING HOT WATER.
8. _____ READY ACCESS TO TOILET FACILITIES.
9. _____ COVERED GALVANIZED, STAINLESS STEEL, OR OTHER NONCORROSIVE CONTAINER FOR DEPOSIT OF REFUSE AND WASTE MATERIALS.
10. _____ WRITTEN OR ELECTRONIC RECORD DETAILING FOR EACH LOCATION WHERE SERVICES ARE PROVIDED: STREET ADDRESS OR SERVICE LOCATION; DATES OF EACH SESSION; NUMBER OF PATIENTS SERVED; TYPES OF DENTAL SERVICES PROVIDED; AND QUANTITY OF EACH DENTAL SERVICE PROVIDED.
11. _____ COMPLIANCE AND/OR ABILITY TO COMPLY WITH CURRENT RECOMMENDED INFECTION CONTROL PRACTICES FOR DENTISTRY AS SET FORTH BY THE CDC.
12. _____ PROOF THAT DRIVER OF MOBILE DENTAL FACILITY HAS VALID MISSISSIPPI DRIVER'S LICENSE APPROPRIATE FOR OPERATION OF MOBILE DENTAL FACILITY.
13. _____ IF FOLLOW-UP SITE VISIT, \$150.00 CERTIFIED CHECK OR MONEY ORDER RECEIVED.
14. NOTES AND COMMENTS

PASS _____ FAIL _____ REVISIT (DATE) _____

15. SIGNATURE(S) OF BOARD MEMBER(S) AND TEAM MEMBER(S)

