South Dakota State Board of Dentistry
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FORM T2 – TEMPORARY PERMIT
FACILITY INSPECTION
OFFICE ANESTHESIA INSPECTION RESULTS FORM

Instructions - For each assigned inspection:

- The inspector will receive a copy of a practitioner's completed checklist. Upon receipt, the inspector should review that checklist and complete the *Practitioner Inspection Checklist Review* section below.
- The inspector should then contact practitioner to schedule a facility inspection (video conferencing/in person). If the practitioner has applied for a host permit, this facility inspection should occur with both the practitioner and the licensed anesthesia provider.
- During the facility inspection, the inspector should complete the remainder of the form below.
- At the end of the facility inspection, the inspector should email this completed form to the board office at contactus@sdboardofdentistry.com.

Name of Practitioner _____ License Number _____

Name of Office Evaluated _____ Date of Evaluation _____

Address of Office Evaluated _____

Inspector: _____ Inspection Date: _____

PERMIT – *Please check one:*	
General Anesthesia and Deep Sedation	
Moderate Sedation (Patients 12 years and Older)	
Pediatric Moderate Sedation	
Host	

PRACTITIONER INSPECTION CHECKLIST REVIEW *Please review practitioner's completed inspection checklist and answer the question below. This review should be completed prior to the facility inspection.*	**YES**	**NO**
Practitioner Checklist is complete and satisfactory.		
If no, please list deficiencies or concerns:		

Method Used for Facility Inspection

Utilization of video conferencing technology to conduct a facility inspection (temporary permit) is allowed if an inspection has been conducted in the facility in the prior 5 years.

Date of Last Inspection at this Facility: _____

Current inspection was conducted via (Select One):

Video Conferencing _____ In Person _____

FACILITY/LAYOUT *Please ask practitioner to show how he or she would access emergency equipment and drugs to verify the practitioner is familiar with the facility and able to readily access emergency equipment and drugs. If practitioner has applied for a host permit, please ask the same of the licensed anesthesia provider.* ***- Emergency response scenarios are not part of this inspection -***	**YES**	**NO**
Practitioner is familiar with facility and able to readily access emergency equipment and drugs.		
If host permit, licensed anesthesia provider is familiar with facility and able to readily access emergency equipment and drugs. *Leave blank if not applicable.*		
Operating Theater appears to be of a size and layout that allows at least three individuals to move freely about the patient and permits access to emergency equipment and for emergency personnel.		
If no, please list deficiencies or concerns:		

INSPECTION: *Please review practitioner inspection checklist and then select one*	
PASS -- The inspection form is complete and practitioner is familiar with facility layout. I recommend practitioner pass the inspection.	
RECTIFY DEFICIENCIES – I recommend that the practitioner be notified of the deficiencies noted below and have _____ days to rectify the deficiencies before a permit is issued.	
FAIL – I recommend that the practitioner not be issued a temporary permit until the deficiencies noted below are rectified and a new inspection is completed.	
DEFICIENCIES:	

Signature of Inspector: _____

Printed Name of Inspector: _____

Phone: _____ Email: _____

Please email this completed form to contactus@sdboardofdentistry.com.
$250 Anesthesia Inspector Fee will be paid for all inspections.
If this inspection required travel, please complete and submit the Anesthesia Inspector Travel Voucher.

FACILITY INSPECTION/TEMPORARY PERMIT

CHECKLIST REVIEW - INSPECTION FORM 1
CRITERIA FOR PASS/FAIL

1. Category One Deficiencies
    a. Minor drug missing or expired. Minor drug includes: anti-emetic or corticosteroids. *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
    b. Minor equipment missing or dysfunctional. Minor equipment includes: precordial stethoscope or manual blood pressure cuff.
    c. Minor deficiency that would not pose a significant risk for patient harm.
2. Category Two Deficiencies
    a. Absence of appropriate oxygen or oxygen delivery system.
    b. Major drug missing or expired. Any drug not listed under category one deficiency would be considered a major drug (category two deficiency). *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
    c. Major equipment missing or dysfunctional. Any equipment not listed under category one deficiency would be considered major equipment (category two deficiency).
    d. Major deficiency that would pose a significant risk for patient harm.
3. Evaluation criteria for pass/fail and rectification of deficiencies
    a. Category One Deficiencies
        i. Up to three deficiencies can be rectified within a specified time and can be proven by receipt of purchase or other requirements.
        ii. Four or more deficiencies will be an automatic failure.
    b. Category Two Deficiencies
        i. Any one deficiency will be automatic failure.
    c. All deficiencies resulting in failure will be mailed to the practitioner by certified mail for date of receipt. No anesthesia will be delivered from that time until a new inspection can be completed, which may be conducted in-person.