



Republic of the Philippines  
Department of Health  
**HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

**ASSESSMENT TOOL FOR LICENSING A DENTAL LABORATORY**

Name of Laboratory : \_\_\_\_\_  
Address of Laboratory : \_\_\_\_\_  
No. & Street \_\_\_\_\_ Barangay \_\_\_\_\_  
City/ Municipality \_\_\_\_\_ Province \_\_\_\_\_ Region \_\_\_\_\_  
Telephone/ Fax No. : \_\_\_\_\_  
Application For : ☐ Initial ☐ Renewal  
License No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Expiry Date \_\_\_\_\_

**GENERAL INFORMATION**

Name of Owner : \_\_\_\_\_  
Name of Supervisor : \_\_\_\_\_

Classification According to :  
Please tick (✓) the appropriate boxes.

Ownership: ☐ Government ☐ Private

Service Capability: ☐ Removable Protheses Services  
☐ Complete dentures  
☐ Overdentures  
☐ Orthodontic appliances  
☐ Temporo-mandibular joint appliances  
☐ Removable partial dentures without metal framework  
☐ Conventional acrylic dentures  
☐ Thermoplastic/ flexible dentures  
☐ Removable partial dentures with metal framework  
☐ Removable partial dentures with metal framework (without casting)  
☐ Special removable appliances  
☐ Maxilo-facial prostheses  
☐ Implant-retained removable appliances  
☐ Special removable appliances (without casting)  
☐ Maxilo-facial prostheses  
☐ Implant-retained removable appliances

☐ Fixed Protheses Services  
☐ Crown and Bridge  
☐ Without metal alloy substructure – metal-free crowns and bridges with ceramics, composites or resins  
☐ With metal alloy substructure fabrication – ceramics or resins fused to metal, or purely metal alloy  
☐ With metal alloy substructure fabrication – ceramics or resins fused to metal, or purely metal alloy (without casting)  
☐ Special Fixed Protheses  
☐ Dental attachments  
☐ Implant-retained fixed prostheses  
☐ Special Fixed Protheses (without casting)  
☐ Dental attachments  
☐ Implant-retained fixed prostheses

☐ Limited Services  
☐ Casting and framework soldering

Instructions:

1. Encircle (+) if item indicated is present and functional, and (-) if item indicated is absent/ present but non-functional.
2. All items with (\*) should be posted in a conspicuously designated area.
3. Use the applicable Annex A – Equipment/ Instruments Based on Service Capability
4. Tick (✓) the appropriate boxes.

STANDARDS AND TECHNICAL REQUIREMENTS	VERIFIABLE INDICATORS	FINDINGS	REMARKS
1. Documents			
1.1. All documents shall be complete and properly filled up.	▪ Notarized DOH Prescribed Application Form	(+) (-)	
	▪ List of Personnel	(+) (-)	
	▪ List of Equipment/ Instrument	(+) (-)	
	▪ Recent 2 x 2 ID Picture of Owner, Dentist and/or Dental Technologist	(+) (-)	
	▪ Photocopy of DTI/ SEC Registration* (for private dental laboratory) OR Photocopy of Issuance/ Board Resolution (for government dental laboratory)	(+) (-)	
	▪ Vicinity map showing location and landmarks of the dental laboratory	(+) (-)	
	▪ Laboratory lay-out, properly labeled, indicating set-up of the dental laboratory and location of the areas/ rooms	(+) (-)	
2. Human Resources			
2.1. A dentist or a dental technologist shall supervise the dental laboratory and ensure that it complies with the standards and technical requirements as set forth in these rules and regulations at all times.	▪ Minimum one (1) supervisor – dentist or dental technologist	(+) (-)	
	▪ PRC Certificate of Registration*	(+) (-)	
	▪ PRC Identification Card	(+) (-)	
	▪ Certificate of Training/ Record of Work Experience	(+) (-)	

STANDARDS AND TECHNICAL REQUIREMENTS	VERIFIABLE INDICATORS	FINDINGS	REMARKS
2.2. There shall be an adequate number of dental technician, either a dental technologist or a laboratory technician, and support personnel to perform the various services of the dental laboratory.	▪ Minimum one (1) dental technician – dental technologist or laboratory technician	(+) (-)	
	▪ PRC Certificate of Registration* (for dental technologist)	(+) (-)	
	▪ PRC Identification Card (for dental technologist)	(+) (-)	
	▪ Certificate of Training/ Record of Work Experience	(+) (-)	
3. Equipment/ Instruments			
3.1. There shall be available and functional equipment/ instruments for efficient, safe and hygienic operation of the dental laboratory.	▪ Annex A – Equipment/ Instruments Based on Service Capability	(+) (-)	
3.2. There shall be written and observed procedure for proper maintenance of equipment/ instruments.	▪ Written steps for care of equipment/ instruments	(+) (-)	
	▪ Demonstrated knowledge in maintaining equipment/ instruments	(+) (-)	
4. Physical Plant			
4.1. There shall be functional areas, based on services provided, that are clean, safe, well lighted and well ventilated.	▪ Annex B – Physical Plant Based on Service Capability	(+) (-)	
4.1.1. Areas shall be reasonably free from smoke, dust and foul odor.	▪ Clear of dirt, filth and grime	(+) (-)	
	▪ Clear of stench	(+) (-)	
4.1.2. Areas shall be reasonably free from hazards to the life and safety of personnel and the public.	▪ Clear of unnecessary debris and unsafe materials	(+) (-)	
	▪ Clear of garbage	(+) (-)	
	▪ Unobstructed passageway for entry and exit	(+) (-)	

STANDARDS AND TECHNICAL REQUIREMENTS	VERIFIABLE INDICATORS	FINDINGS	REMARKS
4.1.3. Areas shall be provided with sufficient illumination and air flow.	▪ Natural and artificial lighting	(+) (-)	
	▪ Natural and artificial ventilation	(+) (-)	
4.2. There shall be designated and separate areas for metal casting and/or ceramic processing.	▪ Identification and segregation of areas for metal casting and/or ceramic processing	(+) (-)	
4.3. There shall be smooth and orderly flow of people and supplies.	▪ Unhindered movement	(+) (-)	
	▪ Unhampered performance of work	(+) (-)	
4.4. The dental laboratory shall be segregated and strictly for its activities.	▪ Exclusive use for technical services	(+) (-)	
4.5. It shall observe a smoke-free environment.	▪ Signage for no smoking	(+) (-)	
	▪ Clear of smoking paraphernalia	(+) (-)	
4.6. No pets shall be allowed within the premises of the dental laboratory.	▪ Clear of animals (bird, cat, dog, fish, etc.)	(+) (-)	
4.7. There shall be written and observed procedure for proper maintenance of physical plant.	▪ Written steps for care of physical plant	(+) (-)	
	▪ Demonstrated knowledge in maintaining physical plant	(+) (-)	
5. Records			
5.1. The dental laboratory shall maintain records of work instructions that are legible, stored and readily retrievable in a suitable environment to prevent damage, deterioration and loss.	▪ Readable and understandable job prescriptions/ work instructions	(+) (-)	
	▪ Storage cabinet	(+) (-)	

STANDARDS AND TECHNICAL REQUIREMENTS	VERIFIABLE INDICATORS	FINDINGS	REMARKS
6. Personnel Safety			
6.1. Appropriate safety devices such as casting gloves, safety goggles, laboratory gowns, face masks, dust evacuator or its equivalent, shall be used.	<ul style="list-style-type: none"> <li>▪ Casting gloves, safety goggles, laboratory gowns, face masks, dust evacuator (or equivalent)</li> </ul>	(+)      (-)	
7. Infection Control			
7.1. There shall be written and observed procedure for infection control.	<ul style="list-style-type: none"> <li>▪ Written steps for control of infection in processes and products</li> </ul>	(+)      (-)	
	<ul style="list-style-type: none"> <li>▪ Demonstrated knowledge in maintaining infection control</li> </ul>	(+)      (-)	

# ANNEX A – EQUIPMENT/ INSTRUMENTS BASED ON SERVICE CAPABILITY

## REMOVABLE PROSTHESES SERVICES

Complete dentures  
Overdentures  
Orthodontic appliances  
Temporo-mandibular joint appliances  
Removable partial dentures without metal framework  
Conventional acrylic dentures

Equipment/ Instruments	Actual No.	Findings	Remarks
1. Alcohol Torch		(+) (-)	
2. Articulators		(+) (-)	
3. Basic Acrylic Processing Instruments		(+) (-)	
4. Basic Laboratory Hand Instruments		(+) (-)	
5. Bench Grinder (or equivalent)		(+) (-)	
6. Bench Press (or equivalent)		(+) (-)	
7. Bunsen Burner (or equivalent)		(+) (-)	
8. Denture Flasks		(+) (-)	
9. Model Cast Trimmer (or equivalent)		(+) (-)	
10. Portable Press		(+) (-)	
11. Rubber Bowl and Spatula		(+) (-)	
12. Shade Guides		(+) (-)	
13. Steamer (or equivalent)		(+) (-)	
14. Surveyor		(+) (-)	

# ANNEX A – EQUIPMENT/ INSTRUMENTS BASED ON SERVICE CAPABILITY

## REMOVABLE PROSTHESES SERVICES

Removable partial dentures without metal framework  
Thermoplastic/ flexible dentures

Equipment/ Instruments	Actual No.	Findings	Remarks
1. Alcohol Torch		(+) (-)	
2. Articulators		(+) (-)	
3. Basic Acrylic Processing Instruments		(+) (-)	
4. Basic Laboratory Hand Instruments		(+) (-)	
5. Bench Grinder (or equivalent)		(+) (-)	
6. Bench Press (or equivalent)		(+) (-)	
7. Bunsen Burner (or equivalent)		(+) (-)	
8. Denture Flasks		(+) (-)	
9. Model Cast Trimmer (or equivalent)		(+) (-)	
10. Portable Press		(+) (-)	
11. Rubber Bowl and Spatula		(+) (-)	
12. Shade Guides		(+) (-)	
13. Steamer (or equivalent)		(+) (-)	
14. Surveyor		(+) (-)	
15. Thermoplastic Injection Processing Equipment		(+) (-)	

**REMOVABLE PROSTHESES SERVICES**

Removable partial dentures with metal framework

Special removable appliances

Maxillo-facial prostheses

Implant-retained removable appliances

Equipment/ Instruments	Actual No.	Findings	Remarks
1. Alcohol Torch		(+) (-)	
2. Articulators		(+) (-)	
3. Basic Acrylic Processing Instruments		(+) (-)	
4. Basic Laboratory Hand Instruments		(+) (-)	
5. Bench Grinder (or equivalent)		(+) (-)	
6. Bench Press (or equivalent)		(+) (-)	
7. Bunsen Burner (or equivalent)		(+) (-)	
8. Denture Flasks		(+) (-)	
9. Model Cast Trimmer (or equivalent)		(+) (-)	
10. Portable Press		(+) (-)	
11. Rubber Bowl and Spatula		(+) (-)	
12. Shade Guides		(+) (-)	
13. Steamer (or equivalent)		(+) (-)	
14. Surveyor		(+) (-)	
15. Alloy Grinder		(+) (-)	
16. Burn Out Oven (or equivalent)		(+) (-)	
17. Casting Machine and Accessories		(+) (-)	
18. Compressor		(+) (-)	
19. Duplicating Accessories for Refractory Models (or equivalent)		(+) (-)	
20. Electroplating Machine (or equivalent)		(+) (-)	
21. Propane Gas/ Butane/ LPG/ Oxygen Tank and Accessories <sup>†</sup>		(+) (-)	
22. Sand Blaster		(+) (-)	
23. Vibrator		(+) (-)	

<sup>†</sup> Use of acetylene gas is strictly prohibited.



# ANNEX A – EQUIPMENT/ INSTRUMENTS BASED ON SERVICE CAPABILITY

## REMOVABLE PROSTHESES SERVICES

Removable partial dentures with metal framework (without casting)

Special removable appliances (without casting)

Maxillo-facial prostheses

Implant-retained removable appliances

Equipment/ Instruments	Actual No.	Findings	Remarks
1. Alcohol Torch		(+) (-)	
2. Articulators		(+) (-)	
3. Basic Acrylic Processing Instruments		(+) (-)	
4. Basic Laboratory Hand Instruments		(+) (-)	
5. Bench Grinder (or equivalent)		(+) (-)	
6. Bench Press (or equivalent)		(+) (-)	
7. Bunsen Burner (or equivalent)		(+) (-)	
8. Denture Flasks		(+) (-)	
9. Model Cast Trimmer (or equivalent)		(+) (-)	
10. Portable Press		(+) (-)	
11. Rubber Bowl and Spatula		(+) (-)	
12. Shade Guides		(+) (-)	
13. Steamer (or equivalent)		(+) (-)	
14. Surveyor		(+) (-)	
15. Alloy Grinder		(+) (-)	
16. Compressor		(+) (-)	
17. Duplicating Accessories for Refractory Models (or equivalent)		(+) (-)	
18. Vibrator		(+) (-)	

# ANNEX A – EQUIPMENT/ INSTRUMENTS BASED ON SERVICE CAPABILITY

## FIXED PROSTHESES SERVICES

Crown and bridge without metal alloy substructure – metal-free crowns and bridges with ceramics, composites or resins

Equipment/ Instruments	Actual No.	Findings	Remarks
1. Bench Grinder		(+) (-)	
2. Caliper		(+) (-)	
3. Ceramic Hand Instruments		(+) (-)	
4. Crown and Bridge Articulators		(+) (-)	
5. Curing System		(+) (-)	
6. Die Fabrication System (pin or pinless)		(+) (-)	
7. Model Cast Trimmer (or equivalent)		(+) (-)	
8. Porcelain Furnace and Accessories		(+) (-)	
9. Shade Guides		(+) (-)	
10. Steamer (or equivalent)		(+) (-)	
11. Ultrasonic Cleaner		(+) (-)	
12. Vacuum Mixer and Accessories		(+) (-)	
13. Vibrator		(+) (-)	
14. Wax Pot and Carvers		(+) (-)	

# ANNEX A – EQUIPMENT/ INSTRUMENTS BASED ON SERVICE CAPABILITY

## FIXED PROSTHESES SERVICES

Crown and bridge with metal alloy substructure fabrication – ceramics or resins fused to metal, or purely metal alloy

Special fixed prostheses

Dental attachments

Implant-retained fixed prostheses

Equipment/ Instruments	Actual No.	Findings	Remarks
1. Bench Grinder		(+) (-)	
2. Caliper		(+) (-)	
3. Ceramic Hand Instruments		(+) (-)	
4. Crown and Bridge Articulators		(+) (-)	
5. Curing System		(+) (-)	
6. Die Fabrication System (pin or pinless)		(+) (-)	
7. Model Cast Trimmer (or equivalent)		(+) (-)	
8. Porcelain Furnace and Accessories		(+) (-)	
9. Shade Guides		(+) (-)	
10. Steamer (or equivalent)		(+) (-)	
11. Ultrasonic Cleaner		(+) (-)	
12. Vacuum Mixer and Accessories		(+) (-)	
13. Vibrator		(+) (-)	
14. Wax Pot and Carvers		(+) (-)	
15. Alloy Grinder		(+) (-)	
16. Burn Out Oven (or equivalent)		(+) (-)	
17. Casting Machine and Accessories		(+) (-)	
18. Compressor		(+) (-)	
19. Micromotor/ Air Turbine and Accessories		(+) (-)	
20. Pen Blaster		(+) (-)	
21. Propane Gas/ Butane/ LPG/ Oxygen Tank and Accessories <sup>†</sup>		(+) (-)	
22. Sand Blaster		(+) (-)	

<sup>†</sup> Use of acetylene gas is strictly prohibited.

# ANNEX A – EQUIPMENT/ INSTRUMENTS BASED ON SERVICE CAPABILITY

## FIXED PROSTHESES SERVICES

Crown and bridge with metal alloy substructure fabrication – ceramics or resins fused to metal, or purely metal alloy (without casting)

Special fixed prostheses (without casting)

Dental attachments

Implant-retained fixed prostheses

Equipment/ Instruments	Actual No.	Findings	Remarks
1. Bench Grinder		(+) (-)	
2. Caliper		(+) (-)	
3. Ceramic Hand Instruments		(+) (-)	
4. Crown and Bridge Articulators		(+) (-)	
5. Curing System			
6. Die Fabrication System (pin or pinless)		(+) (-)	
7. Model Cast Trimmer (or equivalent)		(+) (-)	
8. Porcelain Furnace and Accessories		(+) (-)	
9. Shade Guides		(+) (-)	
10. Steamer (or equivalent)		(+) (-)	
11. Ultrasonic Cleaner		(+) (-)	
12. Vacuum Mixer and Accessories		(+) (-)	
13. Vibrator		(+) (-)	
14. Wax Pot and Carvers		(+) (-)	
15. Alloy Grinder		(+) (-)	
16. Compressor		(+) (-)	
17. Micromotor/ Air Turbine and Accessories		(+) (-)	
18. Pen Blaster		(+) (-)	

# ANNEX A – EQUIPMENT/ INSTRUMENTS BASED ON SERVICE CAPABILITY

## LIMITED SERVICES

Casting and framework soldering

Equipment/ Instruments	Actual No.	Findings	Remarks
1. Burn Out Oven (or equivalent)		(+) (-)	
2. Casting Machine and Accessories		(+) (-)	
3. Compressor		(+) (-)	
4. Electroplating Machine (or equivalent)		(+) (-)	
5. Propane Gas/ Butane/ LPG/ Oxygen Tank and Accessories <sup>†</sup>		(+) (-)	
6. Sand Blaster		(+) (-)	

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## ANNEX B – PHYSICAL PLANT BASED ON SERVICE CAPABILITY

Areas	Removable Prostheses	Fixed Prostheses	Removable and Fixed Prostheses	Remarks
1. Working Area = 1.5 sq. m. per dental technician	(+) (-)	(+) (-)	(+) (-)	
2. Receiving Area	(+) (-)	(+) (-)	(+) (-)	
3. Access to Toilet	(+) (-)	(+) (-)	(+) (-)	
4. Business Area			(+) (-)	
5. Stock Area			(+) (-)	
6. Lighting				
6.1. Natural (e.g. window)	(+) (-)	(+) (-)	(+) (-)	
6.2. Artificial (e.g. fluorescent lamp)	(+) (-)	(+) (-)	(+) (-)	
7. Ventilation				
7.1. Natural (e.g. window)	(+) (-)	(+) (-)	(+) (-)	
7.2. Mechanical (e.g. exhaust fan)	(+) (-)	(+) (-)	(+) (-)	
8. Water Supply	(+) (-)	(+) (-)	(+) (-)	
9. Waste Management				
9.1. Collection (e.g. receptacle with cover)	(+) (-)	(+) (-)	(+) (-)	
9.2. Disposal (e.g. LGU disposal system)	(+) (-)	(+) (-)	(+) (-)	



Republic of the Philippines  
Department of Health  
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name of Laboratory: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**RECOMMENDATIONS:**

**A. For Licensing Process:**

[ ] For issuance of License to Operate as Dental Laboratory.

Validity from \_\_\_\_\_ to \_\_\_\_\_

[ ] Issuance depends upon compliance to the recommendations given and submission of the following within \_\_\_\_\_ days from the date of inspection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Non-Issuance: Specify reason/s. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inspected by:**

Printed Name

Signature

Position/Designation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by:**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Position/Designation \_\_\_\_\_

Date \_\_\_\_\_



Republic of the Philippines  
Department of Health  
**HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

Name of Laboratory: \_\_\_\_\_

Date of Monitoring: \_\_\_\_\_

**RECOMMENDATIONS:**

**B. For Monitoring Process:**

[ ] Issuance of Notice of Violation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Non-issuance of Notice of Violation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Others (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monitored by:**

Printed Name

Signature

Position/Designation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by:**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Position/Designation \_\_\_\_\_

Date \_\_\_\_\_