

ComplianceDDS

COMPLIANCE BINDER

Audit-Ready Documentation Package

Kreher Dental

1244 Gerrard St. E, Toronto, ON M4L 1Y6 · (416) 469-5279

Reporting period: Apr 30, 2025 — Apr 30, 2026

Generated: May 1, 2026 9:22 AM

Version: 2026-Q2-014

REVIEWED & APPROVED

Dr. Rolf Kreher, Principal Dentist & Owner

OWNER · May 1, 2026

Executive Summary

Reporting period: Apr 30, 2025 — Apr 30, 2026

Inspection-Ready Evidence

91%

164 of 180 regulatory requirements met · 9 expiring · 11 N/A

Operational Cadence

93%

178 of 191 assigned tasks completed

Methodology

Evidence view: regulatory requirements with inspector-ready evidence on file, over applicable requirements (N/A excluded; expiring counts toward denominator only). Primary inspection-readiness metric.

Task-completion view: assigned compliance tasks marked complete within the reporting period, over total assigned. Measures operational cadence.

Practice

NAME

Kreher Dental

PRIMARY ADDRESS

1244 Gerrard St. E, Toronto, ON M4L 1Y6 · (416) 469-5279

PROVINCE

Ontario

PRACTICE TYPE

General Practice

TEAM SIZE

9 (2 dentists, 3 hygienists, 3 assistants, 1 admin)

LOCATIONS

1

Per-Module Compliance

Infection Prevention & Control	41/43 (95%)	COMPLIANT
Radiation Safety	18/19 (95%)	COMPLIANT
Privacy & PHIPA	26/29 (90%)	ATTENTION
Occupational Health & Safety	31/33 (94%)	COMPLIANT
Waste Management	19/20 (95%)	COMPLIANT
Regulatory & College	22/24 (92%)	COMPLIANT
Staff Compliance	21/23 (91%)	ATTENTION

Critical Gaps

Hygienist CPR-HCP recertification (1 of 4 staff lapsed)

Staff Compliance · 12 days overdue · Scheduled May 14, 2026 · Owner: Practice Manager · Escalated 2 times, last Apr 27, 2026

Annual privacy policy review attestation outstanding (2 staff)

Privacy & PHIPA · 6 days overdue · Scheduled May 9, 2026 · Owner: Privacy Officer · Escalated 1 time, last Apr 29, 2026

Open Items

Q2 waterline shock — Operatory 3

HIGH · Infection Prevention & Control · Due May 7, 2026 · Assigned to IPAC Lead

Lead apron integrity re-inspection (annual)

MEDIUM · Radiation Safety · Due May 19, 2026 · Assigned to Radiation Safety Officer

WHMIS refresher — 1 new hire

MEDIUM · Occupational Health & Safety · Due May 11, 2026 · Assigned to Practice Manager

Previous Inspection History

Sep 16, 2024 — PHO IPAC

Inspector: Public Health Ontario · 2 minor documentation gaps (waterline log, spore-test filing) · Resolved — corrective actions documented within 14 days

Compliance Trend

Jul 31, 2025	81%
Oct 31, 2025	86%
Jan 31, 2026	90%
Apr 30, 2026	93%

Statement of Integrity

All records in this binder were created contemporaneously at the time of the underlying event in the ComplianceDDS platform. Records cannot be retroactively altered. All modifications are recorded in an immutable audit log with user identity and timestamp. Re-generating this binder from unchanged source data will produce the same SHA-256 hash shown below.

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Generated: May 1, 2026 9:22 AM
Source data SHA-256: f00a38f6b4cfbae7a3cbc69454931e3cbcb39b1327750e9650339205c5577846
Binder version: 2026-Q2-014
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Reviewer Sign-Off

The following authorized reviewer has examined this binder and attests that, to the best of their knowledge, the records and supporting evidence are accurate and complete as of the approval date.

Approved by: Dr. Rolf Kreher, Principal Dentist & Owner (owner)
Approved on: May 1, 2026 10:10 AM
Reviewer note: Reviewed for the 2026 RCDSO practice assessment cycle.

Practice Attestation

I attest that the records in this binder are complete and accurate for the reporting period stated above.

Signed

Dr. Rolf Kreher

Principal Dentist & Owner

Date

May 1, 2026

Quick-Reference Cards

Key designated roles — answers to inspector page-1 questions

Designations recorded in ComplianceDDS as of binder generation. Each role is detailed further in its respective module section, including appointment date, qualifications, and supporting documentation.

IPAC LEAD

Husna, RDH

IPAC Lead

husna@redacted

Designated May 31, 2024

PIDAC IPAC Standards — accountable lead expected

RADIATION SAFETY OFFICER

Dr. Rolf Kreher

HARP-certified; RSO training (2024)

Appointed Jan 9, 2024

HARPA O. Reg. 861 s.8 — RSO required at every X-ray facility

PRIVACY CONTACT (PHIPA AGENT)

Georgette

Privacy Officer / Office Manager

privacy@redacted

Designated Feb 14, 2024

PHIPA s.15(3) — contact person required at every health information custodian

PRACTICE OWNER / PRINCIPAL

Dr. Rolf Kreher

Principal Dentist & Owner

Attested May 1, 2026

Overall accountable party for the practice's compliance posture

Roles marked NOT DESIGNATED indicate the practice has not recorded a designation in ComplianceDDS. This is not necessarily a regulatory violation — the practice may have an informal designation — but it is a documentation gap. Each module's detail page includes the regulatory citation supporting the designation requirement.

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Use the PDF outline (bookmarks panel) to jump directly to any section.

Appendices — Supporting Documents	End of binder
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A

Infection Prevention & Control

SECTION 1

COMPLIANCE

95%

REQUIREMENTS

41 / 43

STATUS

COMPLIANT

Reporting period: Apr 30, 2025 — Apr 30, 2026

Evidence, logs, and supporting records begin on the next page.

Infection Prevention & Control

Module: Infection Prevention & Control

Regulatory Authority: RCDSO / PIDAC | RCDSO IPAC Standards & PIDAC Best Practices

Infection Prevention and Control requirements per the Royal College of Dental Surgeons of Ontario IPAC Standards and the Provincial Infectious Diseases Advisory Committee (PIDAC) best practices for dental offices.

Policies

IPAC Policy & Procedures Manual

Version v4.2 | Last Updated: Jan 7, 2026

RCDSO/PIDAC-aligned IPAC manual covering hand hygiene, PPE, instrument reprocessing (Spaulding), environmental cleaning, and waterline management.

Procedures

Instrument Reprocessing Workflow

1. Point-of-use cleaning
2. Ultrasonic / washer-disinfector
3. Inspection & packaging
4. Sterilization (cycle logged)
5. Biological + chemical indicator verification
6. Sterile storage & FIFO

Logs & Records

Log Name	Period	Entries	Status
Sterilizer cycle log (Statim + Bravo)	Apr 30 - Apr 30, 2026	612	COMPLETE
Weekly biological (spore) test log	Apr 30 - Apr 30, 2026	52	COMPLETE
Waterline testing log (CFU)	Apr 30 - Apr 30, 2026	12	COMPLETE

IPAC — Detailed Evidence

Apr 30, 2025 to Apr 30, 2026

COMPLIANT

41/43 requirements met (95%)

WHAT'S IN THIS SECTION

- IPAC Lead
- Sterilization Cycles
- Biological (Spore) Tests
- Waterline Tests
- Hand Hygiene Audits
- PPE Inspections
- Sterilizer & IPAC Equipment
- In-Office Lab Activity (if applicable)

(Fictional sample data for demonstration only — an illustrative ~20-row excerpt, not the complete log for this module.)

IPAC Lead (PIDAC IPAC Standards)

NAME

Husna, RDH

EMAIL

husna@redacted

QUALIFICATIONS

IPAC Canada Foundations; RCDSO IPAC course (2024)

TITLE

IPAC Lead

DESIGNATED

May 31, 2024

Sterilization Cycles

Expected: 612 · Actual: 612 · No gaps

Date	Sterilizer	Load	Operator	CI	BI
Apr 30, 2026	Statim 5000 (S/N ••3471)	Mixed cassettes	R. Kreher	PASS	PASS
Apr 28, 2026	Bravo 21V (S/N ••8852)	Handpieces	Angela	PASS	PASS
Apr 26, 2026	Statim 5000 (S/N ••3471)	Surgical kit	Husna	PASS	PASS
Apr 24, 2026	Bravo 21V (S/N ••8852)	Mixed cassettes	R. Kreher	PASS	PASS
Apr 22, 2026	Statim 5000 (S/N ••3471)	Handpieces	Angela	PASS	PASS
Apr 20, 2026	Bravo 21V (S/N ••8852)	Surgical kit	Husna	PASS	PASS

Apr 18, 2026	Statim 5000 (S/N ●●3471)	Mixed cassettes	R. Kreher	PASS	PENDING
Apr 16, 2026	Bravo 21V (S/N ●●8852)	Handpieces	Angela	PASS	PASS
Apr 14, 2026	Statim 5000 (S/N ●●3471)	Surgical kit	Husna	PASS	PASS
Apr 12, 2026	Bravo 21V (S/N ●●8852)	Mixed cassettes	R. Kreher	PASS	PASS
Apr 10, 2026	Statim 5000 (S/N ●●3471)	Handpieces	Angela	PASS	PASS
Apr 8, 2026	Bravo 21V (S/N ●●8852)	Surgical kit	Husna	PASS	PASS
Apr 6, 2026	Statim 5000 (S/N ●●3471)	Mixed cassettes	R. Kreher	PASS	PASS
Apr 4, 2026	Bravo 21V (S/N ●●8852)	Handpieces	Angela	PASS	PASS
Apr 2, 2026	Statim 5000 (S/N ●●3471)	Surgical kit	Husna	PASS	PASS
Mar 31, 2026	Bravo 21V (S/N ●●8852)	Mixed cassettes	R. Kreher	PASS	PASS
Mar 29, 2026	Statim 5000 (S/N ●●3471)	Handpieces	Angela	PASS	PASS
Mar 27, 2026	Bravo 21V (S/N ●●8852)	Surgical kit	Husna	PASS	PASS
Mar 25, 2026	Statim 5000 (S/N ●●3471)	Mixed cassettes	R. Kreher	PASS	PASS
Mar 23, 2026	Bravo 21V (S/N ●●8852)	Handpieces	Angela	PASS	PASS

Every record above was captured contemporaneously through ComplianceDDS. The full audit trail (creator identity, creation timestamp to the minute, every modification with old/new values, and the access log) is stored immutably and available on request. The SHA-256 integrity hash on the executive summary covers all source data used to generate this section.

Biological (Spore) Tests

Weekly testing required (PIDAC). 52 of 52 weeks covered. Gap weeks: 0.

Date	Sterilizer	BI Lot	Lab	Result
Apr 30, 2026	Statim 5000	BI-7741	SciCan Monitoring Service	PASS
Apr 23, 2026	Bravo 21V	BI-7737	SciCan Monitoring Service	PASS
Apr 16, 2026	Statim 5000	BI-7733	SciCan Monitoring Service	PASS
Apr 9, 2026	Bravo 21V	BI-7729	SciCan Monitoring Service	PASS
Apr 2, 2026	Statim 5000	BI-7725	SciCan Monitoring Service	PASS
Mar 26, 2026	Bravo 21V	BI-7721	SciCan Monitoring Service	PASS
Mar 19, 2026	Statim 5000	BI-7717	SciCan Monitoring Service	PASS
Mar 12, 2026	Bravo 21V	BI-7713	SciCan Monitoring Service	PASS
Mar 5, 2026	Statim 5000	BI-7709	SciCan Monitoring Service	PASS
Feb 26, 2026	Bravo 21V	BI-7705	SciCan Monitoring Service	PASS
Feb 19, 2026	Statim 5000	BI-7701	SciCan Monitoring Service	PASS
Feb 12, 2026	Bravo 21V	BI-7697	SciCan Monitoring Service	PASS
Feb 5, 2026	Statim 5000	BI-7693	SciCan Monitoring Service	PASS
Jan 29, 2026	Bravo 21V	BI-7689	SciCan Monitoring Service	PASS

Jan 22, 2026	Statim 5000	BI-7685	SciCan Monitoring Service	PASS
Jan 15, 2026	Bravo 21V	BI-7681	SciCan Monitoring Service	PASS
Jan 8, 2026	Statim 5000	BI-7677	SciCan Monitoring Service	PASS
Jan 1, 2026	Bravo 21V	BI-7673	SciCan Monitoring Service	PASS
Dec 25, 2025	Statim 5000	BI-7669	SciCan Monitoring Service	PASS
Dec 18, 2025	Bravo 21V	BI-7665	SciCan Monitoring Service	PASS

Waterline Tests

Date	Location	CFU/mL	Lab	Result
Mar 31, 2026	Operatory 1	12	ALS Environmental	PASS
Mar 13, 2026	Operatory 2	34	ALS Environmental	PASS
Feb 23, 2026	Operatory 3	180	ALS Environmental	PASS
Feb 5, 2026	Operatory 1	8	ALS Environmental	PASS
Jan 18, 2026	Operatory 2	22	ALS Environmental	PASS
Dec 31, 2025	Operatory 3	41	ALS Environmental	PASS
Dec 13, 2025	Operatory 1	12	ALS Environmental	PASS
Nov 25, 2025	Operatory 2	34	ALS Environmental	PASS

Nov 7, 2025	Operatory 3	180	ALS Environmental	PASS
Oct 20, 2025	Operatory 1	8	ALS Environmental	PASS
Oct 2, 2025	Operatory 2	22	ALS Environmental	PASS
Sep 14, 2025	Operatory 3	41	ALS Environmental	PASS
Aug 27, 2025	Operatory 1	12	ALS Environmental	PASS
Aug 9, 2025	Operatory 2	34	ALS Environmental	PASS
Jul 22, 2025	Operatory 3	180	ALS Environmental	PASS
Jul 4, 2025	Operatory 1	8	ALS Environmental	PASS
Jun 16, 2025	Operatory 2	22	ALS Environmental	PASS
May 29, 2025	Operatory 3	41	ALS Environmental	PASS

Hand Hygiene Audits

Date	Opportunities	Compliance	Deficiencies
Mar 31, 2026	40	95%	None
Jan 5, 2026	40	90%	Two missed moments at point-of-care; coached.

Sterilizer & IPAC Equipment

Name	Model	Serial	Validated since	Last service	Status
Statim 5000	Statim 5000	••3471	Mar 9, 2021	Feb 1, 2026	ACTIVE

Bravo 21V	Bravo 21V Chamber Auto-clave	••8852	Jul 18, 2022	Jan 14, 2026	ACTIVE
Ultrasonic Cleaner	BioSonic UC125	••2204	—	Feb 28, 2026	ACTIVE

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B

Radiation Safety

SECTION 2

COMPLIANCE

95%

REQUIREMENTS

18 / 19

STATUS

COMPLIANT

Reporting period: Apr 30, 2025 — Apr 30, 2026

Evidence, logs, and supporting records begin on the next page.

Radiation Safety

Module: Radiation Safety

Regulatory Authority: Health Canada / RCDSO | Healing Arts Radiation Protection Act (HARPA) & Safety Code 30

Radiation safety requirements under the Ontario Healing Arts Radiation Protection Act and Health Canada Safety Code 30 for dental X-ray equipment.

Policies

Radiation Protection Plan (HARP)

Version v2.1 | Last Updated: Nov 11, 2025

HARP O. Reg. 543/92 program: operator certification, dosimetry, equipment QA, lead apron management.

Procedures

X-ray Equipment QA

1. Daily output check
2. Monthly visual inspection
3. Annual physicist QA
4. Auto-incident on failed check

Logs & Records

Log Name	Period	Entries	Status
Dosimetry exposure log	Apr 30 - Apr 30, 2026	24	COMPLETE

Radiation Safety — Detailed Evidence

Apr 30, 2025 to Apr 30, 2026

COMPLIANT

18/19 requirements met (95%)

WHAT'S IN THIS SECTION

- Radiation Safety Officer
- X-Ray Equipment Registry
- X-Ray QA Tests
- Lead Apron Inspections
- Operator Certifications
- Dosimetry Badge Readings

(Fictional sample data for demonstration only — an illustrative ~20-row excerpt, not the complete log for this module.)

Radiation Safety Officer (O. Reg. 861 s.8)

Dr. Rolf Kreher

Appointed Jan 9, 2024 · HARP-certified; RSO training (2024)

X-Ray Equipment Registry

Name	Model / Serial	Registration	Last calibration	Status
Intraoral X-ray — Op 1	DentX 810 / ●●5521	XR-ON-●●441	Feb 13, 2026	ACTIVE
Panoramic — Imaging Rm	Planmeca ProMax / ●●9930	XR-ON-●●442	Feb 13, 2026	ACTIVE

X-Ray QA Tests

Date	Equipment	Result	Notes
Apr 1, 2026	Intraoral X-ray — Op 1	PASS	—
Mar 1, 2026	Panoramic — Imaging Rm	PASS	—
Feb 1, 2026	Intraoral X-ray — Op 1	PASS	—

Lead Apron Inspections

Date	Apron	Result	Next due
Nov 4, 2025	Apron-01	PASS	Nov 4, 2026
Nov 4, 2025	Apron-02	PASS	Nov 4, 2026

Operator Certifications

Operator	Cert #	Issued	Expires
Dr. Rolf Kreher	HARP-••118	Feb 28, 2022	Feb 28, 2027
Husna, RDH	HARP-••204	Jun 14, 2023	Jun 14, 2028

Dosimetry Badge Readings (O. Reg. 861)

Operator	Badge	Wear period	Reading (mSv)	Status	Annual
Dr. Rolf Kreher	DOS-01	Dec 31, 2025 – Mar 30, 2026	0.02	BELOW ACTION LEVEL	0.06

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C

Privacy & PHIPA

SECTION 3

COMPLIANCE

90%

REQUIREMENTS

26 / 29

STATUS

NEEDS ATTENTION

Reporting period: Apr 30, 2025 — Apr 30, 2026

Evidence, logs, and supporting records begin on the next page.

Privacy & PHIPA

Module: Privacy & PHIPA

Regulatory Authority: IPC Ontario | Personal Health Information Protection Act (PHIPA, 2004)

Privacy requirements for personal health information under Ontario PHIPA, enforced by the Information and Privacy Commissioner of Ontario.

Policies

PHIPA Privacy Policy

Version v3.0 | Last Updated: Nov 30, 2025

PHIPA 2004 compliance: collection/use/disclosure, safeguards, breach management, patient access & complaints.

Procedures

Privacy Breach Response

1. Contain
2. Assess (PHIPA 72h clock)
3. Notify affected individuals
4. Document findings
5. IPC report if required

Logs & Records

Log Name	Period	Entries	Status
Disclosure log	Apr 30 - Apr 30, 2026	38	COMPLETE

Privacy & PHIPA — Detailed Evidence

Apr 30, 2025 to Apr 30, 2026

ATTENTION

26/29 requirements met (90%)

WHAT'S IN THIS SECTION

- Privacy Contact Person (PHIPA s.15)
- Privacy Policy
- Privacy Breach Log
- Patient Access Requests
- Staff Privacy Training
- Consent Templates
- Privacy Impact Assessment
- IT Security Posture
- Third-Party PHI Processors

(Fictional sample data for demonstration only — an illustrative ~20-row excerpt, not the complete log for this module.)

Privacy Contact Person (PHIPA s.15)

NAME	TITLE
Georgette	Privacy Officer / Office Manager
EMAIL	DESIGNATED
privacy@redacted	Feb 14, 2024

Privacy Policy

PHIPA Privacy Policy

Version v3.0 · Approved Nov 30, 2025

Privacy Breach Log

Discovered	Affected	IPC notified	Root cause	Status
Apr 11, 2026	1	Not notified	Transposed fax number	closed — no risk of significant harm; IPC report not required

Patient Access Requests

Received	Responded	Days	Outcome
Feb 2, 2026	Feb 11, 2026	9	Granted — full record copied

Nov 19, 2025

Nov 30, 2025

11

Granted with consent verification

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Staff Privacy Training

Completed: 7 · Required: 9 · Expired: 0

Privacy Impact Assessment

No PIA on file. Practices that handle PHI through electronic systems should complete a PIA covering the systems in use and update it when those systems change materially.

IT Security Posture

PHI at rest encrypted (AES-256); access role-scoped; MFA enforced for admins; nightly encrypted backups with 7-day point-in-time recovery; audit log on every access.

Third-Party PHI Processors

Vendor	Purpose	BAA / Agreement	Expiry
Cloud imaging provider	Radiographic image storage	signed	Sep 1, 2026
Practice management SaaS	Scheduling & billing	signed	Dec 30, 2026

PHI Disclosure Log (PHIPA s. 10.1)

PHIPA s. 10.1 requires logging every disclosure of personal health information. Aggregate counts shown here — per-disclosure detail (patient identifiers, recipient names, information disclosed) is intentionally excluded from inspector binders and lives in the privacy-officer-scope UI.

No PHI disclosures recorded in period.

Every record above was captured contemporaneously through ComplianceDDS. The full audit trail (creator identity, creation timestamp to the minute, every modification with old/new values, and the access log) is stored immutably and available on request. The SHA-256 integrity hash on the executive summary covers all source data used to generate this section.

D

Occupational Health & Safety

SECTION 4

COMPLIANCE

94%

REQUIREMENTS

31 / 33

STATUS

COMPLIANT

Reporting period: Apr 30, 2025 — Apr 30, 2026

Evidence, logs, and supporting records begin on the next page.

Occupational Health & Safety

Module: Occupational Health & Safety

Regulatory Authority: Ministry of Labour | Occupational Health and Safety Act (OHSa)

Workplace health and safety requirements under the Ontario Occupational Health and Safety Act, including WHMIS 2015 and workplace hazard assessments.

Policies

OHS & Workplace Violence Program (Bill 168)

Version v2.4 | Last Updated: Jan 19, 2026

OHSa program: hazard assessment, WHMIS, safety-engineered devices (O. Reg. 474/07), violence/harassment, JHSC.

Procedures

Sharps Safety & Exposure

1. Safety-engineered device use
2. Documented exemption where applicable
3. Post-exposure protocol
4. Incident logging

Logs & Records

Log Name	Period	Entries	Status
JHSC meeting minutes	Apr 30 - Apr 30, 2026	4	COMPLETE

COMPLIANT

31/33 requirements met (94%)

WHAT'S IN THIS SECTION

- Workplace Representation (JHSC / H&S Rep)
- WHMIS Training
- Workplace Violence & Harassment Policy
- Safety Data Sheet Inventory
- Hazard Reports
- Sharps Injuries
- JHSC / H&S Representative Records
- Facility Safety Inspections

(Fictional sample data for demonstration only — an illustrative ~20-row excerpt, not the complete log for this module.)

Workplace Representation

Team size: **9**. Below the OHSA s.9 JHSC threshold (20+ workers). A Health and Safety Representative is required instead — designate a worker and document workplace inspections.

WHMIS Training

Completed: **8** / 9 · Expired: 0

Workplace Violence & Harassment Policy

Workplace Violence & Harassment Program (Bill 168)

Version v2.4 · Approved Jan 19, 2026

Safety Data Sheet Inventory

Chemical	Manufacturer	Hazard class	Signal	SDS date	Status
Sodium hypochlorite 6%	Clorox	Corrosive	Danger	Mar 31, 2025	OK
CaviCide surface disinfectant	Metrex	Flammable	Warning	Jul 11, 2025	OK
Glutaraldehyde 2%	Wavicide	Toxic	Danger	Jan 31, 2024	EXP

Hazard Reports

Date	Location	Severity	Status	Action
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Feb 8, 2026	Sterilization area	Low	closed	Anti-fatigue mat added; wet-floor signage protocol reviewed.
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Sharps Injuries

Date	Device	Body part	Protocol followed
Oct 21, 2025	Suture needle	Finger	YES

First Aid (O. Reg. 1101)

Kit inspection records appear in full. Treatment records contain injured-worker PHI and are intentionally summarized as a count only — full records live in the application under privacy-officer scope.

Date	Location	Kit type	All present	Expired items	Next due
Feb 28, 2026	Staff room	Section 9 (work-place)	YES	—	May 31, 2026

Treatment records in period: 0

Safety-Engineered Devices (O. Reg. 474/07)

Ontario regulation requires safety-engineered needles, lancets, and similar sharps. Devices without a safety feature must have documented clinical justification (exemption).

Device	Manufacturer	Category	Safety feature	In use	Exempt
Safety scalpel	BD	Scalpel	Retractable blade	YES	—
Conventional carpule syringe	Septodont	Dental anesthetic syringe	N/A	YES	YES

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E

Waste Management

SECTION 5

COMPLIANCE

95%

REQUIREMENTS

19 / 20

STATUS

COMPLIANT

Reporting period: Apr 30, 2025 — Apr 30, 2026

Evidence, logs, and supporting records begin on the next page.

Waste Management

Module: Waste Management

Regulatory Authority: Ministry of the Environment | Environmental Protection Act (EPA) - O. Reg. 347

Biomedical and hazardous waste management requirements under Ontario Regulation 347 (General - Waste Management) of the Environmental Protection Act.

Policies

Hazardous & Biomedical Waste Plan

Version v1.8 | Last Updated: Oct 4, 2025

O. Reg. 347 / RPPRA: amalgam, biomedical, pharmaceutical, sharps. Manifest + hauler licensing.

Procedures

Controlled-substance Disposal

1. Identify & schedule
2. Independent named witness
3. Witnessed destruction
4. Manifest + record

Logs & Records

Log Name	Period	Entries	Status
Waste manifest log	Apr 30 - Apr 30, 2026	11	COMPLETE

Waste Management — Detailed Evidence

Apr 30, 2025 to Apr 30, 2026

COMPLIANT

19/20 requirements met (95%)

WHAT'S IN THIS SECTION

• Biomedical Waste Manifests • Amalgam Separator Maintenance • Sharps Disposals

(Fictional sample data for demonstration only — an illustrative ~20-row excerpt, not the complete log for this module.)

Biomedical Waste Manifests

Manifest #	Pickup date	Carrier	Status
MAN-2026-0042	Apr 20, 2026	Stericycle (Lic. ON-••77)	completed
MAN-2026-0038	Mar 21, 2026	Stericycle (Lic. ON-••77)	completed
MAN-2026-0034	Feb 19, 2026	Stericycle (Lic. ON-••77)	completed
MAN-2026-0030	Jan 20, 2026	Stericycle (Lic. ON-••77)	completed
MAN-2026-0026	Dec 21, 2025	Stericycle (Lic. ON-••77)	completed
MAN-2026-0022	Nov 21, 2025	Stericycle (Lic. ON-••77)	completed
MAN-2026-0018	Oct 22, 2025	Stericycle (Lic. ON-••77)	completed
MAN-2026-0014	Sep 22, 2025	Stericycle (Lic. ON-••77)	completed
MAN-2026-0010	Aug 23, 2025	Stericycle (Lic. ON-••77)	completed
MAN-2026-0006	Jul 24, 2025	Stericycle (Lic. ON-••77)	completed
MAN-2026-0002	Jun 24, 2025	Stericycle (Lic. ON-••77)	completed
MAN-2026-00-2	May 25, 2025	Stericycle (Lic. ON-••77)	completed

Amalgam Separator Maintenance

Date	Model	ISO 11143	Work performed
Jan 29, 2026	SolmeteX HG5	YES	Annual cartridge replacement; certificate of recycling filed.

Sharps Disposals

Date	Containers	Vendor
Apr 9, 2026	6	Stericycle
Mar 5, 2026	5	Stericycle

Pharmaceutical Waste Disposal (Phase 7.5)

Health Canada requires controlled-substance disposal to be witnessed by a second qualified person. The Witness column flags rows requiring an inspector check.

Date	Drug	Quantity	Reason	Method	Witness
Mar 17, 2026	Lidocaine 2% (expired)	12 carpules	expired	pharmaceutical waste container	—
Feb 10, 2026	Midazolam (expired) [CONTROLLED]	2 vials	expired	witnessed destruction	Husna, RDH (independent witness)

Vendor Qualifications (Phase 16.3)

Inspector test: "Is your biomedical waste hauler licensed? Is your spore-test lab accredited? Is your IT provider PHIPA-compliant?" — qualifications, contracts, and BAA status for every vendor the practice relies on.

Vendor	Type	Status	Contract	BAA	Risk
Stericycle	Biomedical/sharps hauler	ACTIVE	current (Dec 30, 2026)	N/A	LOW

Every record above was captured contemporaneously through ComplianceDDS. The full audit trail (creator identity, creation timestamp to the minute, every modification with old/new values, and the access log) is stored immutably and available on request. The SHA-256 integrity hash on the executive summary covers all source data used to generate this section.

F

Regulatory Compliance

SECTION 6

COMPLIANCE

92%

REQUIREMENTS

22 / 24

STATUS

COMPLIANT

Reporting period: Apr 30, 2025 — Apr 30, 2026

Evidence, logs, and supporting records begin on the next page.

Regulatory & College QA

Module: Regulatory Compliance

Regulatory Authority: RCDSO | Dentistry Act, 1991 & RCDSO By-Laws

Professional regulatory requirements including continuing education, quality assurance program participation, and practice standards as set by the RCDSO.

Policies

Quality Assurance Program

Version v1.3 | Last Updated: Sep 14, 2025

RCDSO QA: CE tracking, self-assessment, college correspondence.

Procedures

CE & Licence Renewal

1. Track CE credits
2. Renewal reminders 90/60/30/14/7/1d
3. Verify & file certificate

Logs & Records

Log Name	Period	Entries	Status
CE credit log (all clinicians)	Apr 30 - Apr 30, 2026	67	COMPLETE

Regulatory Compliance — Detailed Evidence

Apr 30, 2025 to Apr 30, 2026

ComplianceDDS

Kreher Dental

1244 Gerrard St. E, Toronto, ON M4L 1Y6 · (416) 469-5279

Generated: May 1, 2026 9:22 AM

COMPLIANT

22/24 requirements met (92%)

WHAT'S IN THIS SECTION

- Continuing Education by Clinician
- Professional Licenses
- Patient Complaints
- Peer Assessments
- Sedation Authorizations
- College Correspondence Log

(Fictional sample data for demonstration only — an illustrative ~20-row excerpt, not the complete log for this module.)

Continuing Education by Clinician

Clinician	College	Cycle	Earned	Required
Dr. Rolf Kreher	RCDSO	Dec 31, 2023 – Dec 30, 2026	78	90
Dr. Matthew Kreher	RCDSO	Dec 31, 2023 – Dec 30, 2026	64	90
Husna	CDHO	Dec 31, 2024 – Dec 30, 2027	41	75

Professional Licenses

Holder	Type	License #	Expires	Status
Dr. Rolf Kreher	Certificate of Registration	••8841	Jan 30, 2027	VALID
Dr. Matthew Kreher	Certificate of Registration	••9072	Jan 30, 2027	VALID
Husna	General Certificate	••3318	Jan 30, 2027	VALID

Patient Complaints

Received	Nature	Response	Resolved
----------	--------	----------	----------

Sep 3, 2025

Billing clarification (non-clinical)

Itemized statement provided; Sep 8, 2025 resolved to patient satisfaction.

College Correspondence Log

Date	Authority	Type	Direction	Subject	Status
Feb 19, 2026	RCDSO	General bulletin	inbound	2026 IPAC standard update notice (RCDSO-2026-IPAC)	reviewed; tasks updated

Every record above was captured contemporaneously through ComplianceDDS. The full audit trail (creator identity, creation timestamp to the minute, every modification with old/new values, and the access log) is stored immutably and available on request. The SHA-256 integrity hash on the executive summary covers all source data used to generate this section.

G

Staff Compliance

SECTION 7

COMPLIANCE

91%

REQUIREMENTS

21 / 23

STATUS

NEEDS ATTENTION

Reporting period: Apr 30, 2025 — Apr 30, 2026

Evidence, logs, and supporting records begin on the next page.

Staff Compliance

Module: Staff Compliance

Regulatory Authority: RCDSO / CDHO / CDTO | Regulated Health Professions Act (RHPA, 1991)

Staff credentialing and registration requirements under the RHPA and respective regulatory colleges (RCDSO, CDHO for hygienists, CDTO for dental technologists).

Policies

Staff Credentialing & Onboarding

Version v2.0 | Last Updated: Aug 19, 2025

Per-staff passport: credentials, training, competency, policy acknowledgement.

Procedures

New-hire Onboarding

1. Role-based checklist
2. Credential capture
3. Mandatory training assignment
4. Policy acknowledgement

Logs & Records

Log Name	Period	Entries	Status
Credential expiry register (9 staff)	Apr 30 - Apr 30, 2026	41	INCOMPLETE

Staff Compliance — Detailed Evidence

Apr 30, 2025 to Apr 30, 2026

ATTENTION

21/23 requirements met (91%)

WHAT'S IN THIS SECTION

- Staff Roster
- Credential Matrix
- Training Matrix
- Immunization Records
- N95 / Respirator Fit Tests

(Fictional sample data for demonstration only — an illustrative ~20-row excerpt, not the complete log for this module.)

Staff Roster

Name	Role	Hire date	Status
Dr. Rolf Kreher	Principal Dentist / Owner	Mar 31, 2018	ACTIVE
Dr. Matthew Kreher	Associate Dentist	Sep 11, 2022	ACTIVE
Husna	Registered Dental Hygienist (IPAC Lead)	Jun 2, 2019	ACTIVE
Angela	Dental Assistant	Feb 19, 2023	ACTIVE
Dorota	Registered Dental Hygienist	Aug 15, 2021	ACTIVE
Georgette	Office Manager / Privacy Officer	Jan 14, 2020	ACTIVE

Credential Matrix

Staff	Credential	License #	Issued	Expires	Status
Dr. Rolf Kreher	RCDSO Registration	••8841	—	Jan 30, 2027	CURRENT
Dr. Rolf Kreher	CPR-HCP	—	—	Mar 9, 2027	CURRENT
Husna	CDHO Registration	••3318	—	Jan 30, 2027	CURRENT
Angela	CPR-HCP	—	—	May 14, 2026	EXPIRING SOON

Dorota	CDHO Registration	••4127	—	Jan 30, 2027	CURRENT
Georgette	First Aid (Standard)	—	—	Jul 19, 2026	CURRENT

Every record above was captured contemporaneously through ComplianceDDS. The full audit trail (creator identity, creation timestamp to the minute, every modification with old/new values, and the access log) is stored immutably and available on request. The SHA-256 integrity hash on the executive summary covers all source data used to generate this section.

Training Matrix

Staff	Module	Completed	Expires	Status
Dr. Rolf Kreher	IPAC	Jan 14, 2026	Jan 14, 2027	COMPLETED
Husna	IPAC	Jan 14, 2026	Jan 14, 2027	COMPLETED
Angela	WHMIS	Jan 31, 2026	Jan 31, 2027	COMPLETED
Angela	Privacy (PHIPA)	—	—	IN PROGRESS
Dorota	IPAC	Jan 14, 2026	Jan 14, 2027	COMPLETED
Georgette	AODA	Sep 9, 2025	Sep 9, 2026	COMPLETED

N95 / Respirator Fit Tests

Staff	Date	Mask	Result	Next due
Husna	Nov 11, 2025	3M 1870+	pass	Nov 11, 2026
Angela	Nov 11, 2025	3M 1860	pass	Nov 11, 2026
Dorota	Nov 11, 2025	3M 1870+	pass	Nov 11, 2026

Every record above was captured contemporaneously through ComplianceDDS. The full audit trail (creator identity, creation timestamp to the minute, every modification with old/new values, and the access log) is stored immutably and available on request. The SHA-256 integrity hash on the executive summary covers all source data used to generate this section.

Continuous Compliance

Streak counters, heatmap, and forward-looking gap identification

Compliance Streaks

Requirement	Consecutive periods	Last completed
On-time weekly biological (spore) monitoring (IPAC-005)	52 weeks	Apr 24, 2026
On-time monthly X-ray QA (RAD-003)	12 months	Apr 1, 2026

12-Week Compliance Heatmap

Each row is a recurring obligation; each square is one week. Read left ' right (oldest to newest). on-time · late · missed · not due



Upcoming Within 90 Days

Item	Type	Days	Owner
Hygienist CPR-HCP expiry	credential expiry	9	Practice Manager
Annual lead apron integrity inspection	equipment service	19	Radiation Safety Officer

Compliance Alert Trail

Automated notifications fired during the reporting period

Every alert below was generated automatically by ComplianceDDS and dispatched to a designated recipient. Delivery status ("sent", "read", "failed") proves the notification reached its recipient. Inspectors use this page to confirm compliance is monitored continuously, not just at binder-generation time.

How automated verification reminders work at this practice

ComplianceDDS evaluates this practice's compliance state daily via scheduled jobs: credential expiries are checked on a 90 / 60 / 30 / 7 / 0-day escalation ladder; periodic tests (weekly spore tests, monthly waterline tests, etc.) are evaluated against their expected cadence and flagged on miss; assigned tasks escalate through reviewer 'supervisor ' practice owner if not actioned by their due date. Each fire is recorded in the immutable notification log with timestamp, recipient, channel (in-app + email), and delivery status. The system fails open — if a single fire fails, the next run retries — so the absence of an alert means the trigger did not match, not that the system was silent. This page lists the actual fires; the system documentation is this paragraph plus the per-section cadence rules in the IPAC, OHS, Privacy, Radiation, and Waste sections.

MISSED-TEST ALERTS

3

CREDENTIAL-EXPIRY ALERTS

14

OVERDUE-TASK ESCALATIONS

2

Missed Periodic Test Alerts (Phase 11.17)

Sent	Alert	Recipient	Delivery
Mar 15, 2026 19:00	Waterline check overdue — Operatory 3	IPAC Lead	ACKNOWLEDGED

Credential Expiry Alerts (Phase 11.18)

Escalation ladder: 90-day, 60-day, 30-day, 7-day, expired. "Days out" shows how far ahead of expiry the alert fired — proving proactive management, not reactive firefighting.

Sent	Alert	Days out	Recipient	Delivery
Apr 14, 2026 19:00	CPR-HCP expiring in 30 days — 1 staff	30d	Practice Manager	ACKNOWLEDGED
Apr 14, 2026 19:00	First-aid expiring in 60 days — 1 staff	60d	Practice Manager	SENT

Overdue-Task Escalations (Phase 11.19)

Sent	Alert	Level	Recipient	Delivery
Apr 27, 2026 19:00	CPR recert escalated to owner	L2	Dr. Rolf Kreher	ACKNOWLEDGED

Empty categories indicate the practice had no qualifying triggers during the period. This is a clean-compliance signal, not a documentation gap.

Compliance Attestation Records

Signed acknowledgements during Apr 30, 2025 – Apr 30, 2026

Showing the 2 signed attestations recorded in the reporting period: training acknowledgements, policy sign-offs, competency assessor confirmations, and per-log verifications. Each includes the signer's typed/drawn signature, the exact statement agreed to, the timestamp, and the originating IP address — meeting PHIPA/PIDAC contemporaneous-record standards.

Date	Subject	Signer	Statement (excerpt)	Method
Feb 1, 2026	training	Angela	I confirm I completed the WHMIS training module and understood the material.	typed
Mar 11, 2026	competency	Husna, RDH	I attest the named staff demonstrated competency in instrument reprocessing per the assessment rubric.	drawn

Credential Renewal Trail

Verifiable chain of custody for credential lifecycle

2 renewal events recorded during the reporting period. Each entry shows the previous expiry, the new expiry, and the user who recorded the renewal — turning credential management into a documented audit trail rather than a date-watching exercise.

Renewed	Credential	Holder	Old expiry	New expiry	By
Apr 21, 2026	CPR-HCP	Hygienist (staff #4)	May 14, 2026	May 14, 2028	Georgette
Jan 1, 2026	RCDSO Certificate of Registration	Dr. Rolf Kreher	Jan 30, 2026	Jan 30, 2027	Dr. Rolf Kreher

Professional Insurance Policies

Active liability coverage on file

Current professional liability and practice-level insurance policies. Inspectors verify indemnity coverage as part of credential and risk management review.

Holder / Scope	Type	Provider	Policy #	Coverage	Expires	Status
Dr. Rolf Kreher	Professional Liability	CDSPI	PL-••••3271	\$5,000,000	Dec 30, 2026	ACTIVE
Kreher Dental	Commercial General Liability	Aviva	CGL-••••8840	\$2,000,000	Dec 30, 2026	ACTIVE

Record Modification Trail

Compliance-record edits during Apr 30, 2025 – Apr 30, 2026

Showing the 4 modifications made to compliance records in the reporting period. Every entry shows the modifying user, exact timestamp, entry source (web app, webhook, scheduled automation), and (where captured) the field-level diff. Original record creation timestamps are preserved separately on each record. This trail is immutable — entries cannot be retroactively altered or deleted.

When	Record type	Record	By	Source	Change summary
Apr 25, 2026 04:12	spore test	Spore test wk 2026-17	Husna	web	edited
Apr 22, 2026 11:30	credential	CPR-HCP — hygienist	Georgette	web	expiryDate
Apr 18, 2026 21:00	task	Weekly waterline check	System	cron	edited
Apr 12, 2026 06:05	privacy breach	Misdirected fax — contained Georgette		web	edited

Empty trail interpretation: if no modifications appear, every record in the reporting period was captured correctly the first time and never edited — a strong contemporaneity signal, not a documentation gap.

Glossary & Authority Directory

Reference for inspectors and reviewers

Glossary of Abbreviations

Abbr.	Meaning
BI	Biological Indicator (spore test) — weekly sterilizer monitoring per PIDAC
CI	Chemical Indicator — per-load sterilizer monitoring per RCDSO
CFU	Colony-Forming Units — used for waterline microbiological testing (d500 CFU/mL per PIDAC)
RSO	Radiation Safety Officer — designated per O. Reg. 861 s.8
JHSC	Joint Health and Safety Committee — required at 20+ workers per OHSA s.9
SDS	Safety Data Sheet — WHMIS 2015 chemical hazard documentation
PEP	Post-Exposure Prophylaxis — bloodborne pathogen exposure follow-up protocol
ICRA	Infection Control Risk Assessment — required for construction/renovation per PIDAC
MIFU	Manufacturer Instructions For Use — required for reprocessing every reusable device
PHIPA	Personal Health Information Protection Act, 2004 (Ontario)
IPAC	Infection Prevention and Control
HARPA	Healing Arts Radiation Protection Act
OHSA	Occupational Health and Safety Act
EPA	Environmental Protection Act (O. Reg. 347 — biomedical waste)
RCDSO	Royal College of Dental Surgeons of Ontario
CDHO	College of Dental Hygienists of Ontario
CDAO	College of Denturists of Ontario
IPC	Information and Privacy Commissioner of Ontario

CNSC	Canadian Nuclear Safety Commission
PIDAC	Provincial Infectious Diseases Advisory Committee
CE / CPD	Continuing Education / Continuing Professional Development

Regulatory Authority Directory

Contact information for the Ontario regulatory bodies referenced in this binder.

RCDSO — Royal College of Dental Surgeons of Ontario

Scope: Practice inspection, IPAC standards, dentist licensing, peer assessment
 Phone: 416-961-6555 / 1-800-565-4591 · Web: rcdso.org

CDHO — College of Dental Hygienists of Ontario

Scope: Dental hygienist licensing, scope of practice
 Phone: 416-961-6234 / 1-800-268-2346 · Web: cdho.org

PIDAC — Public Health Ontario IPAC

Scope: IPAC best practices guidance (sterilization, waterlines, hand hygiene)
 Phone: 416-235-6556 · Web: publichealthontario.ca/IPAC

Ministry of Labour, Immigration, Training and Skills Development

Scope: OHS enforcement (workplace safety, WHMIS, V&H)
 Phone: 1-877-202-0008 (24h health & safety) · Web: ontario.ca/page/ministry-labour

Ministry of the Environment, Conservation and Parks

Scope: Biomedical/hazardous waste, amalgam separator (O. Reg. 196/03 + 347)
 Phone: 1-866-MOE-TIPS (663-8477) · Web: ontario.ca/page/environment

IPC Ontario — Information and Privacy Commissioner

Scope: PHIPA enforcement, privacy breach reports
 Phone: 1-800-387-0073 · Web: ipc.on.ca

CNSC — Canadian Nuclear Safety Commission

Scope: Federal radiation safety (where applicable)
 Phone: 1-800-668-5284 · Web: cnsccsn.gc.ca

Module Applicability Determinations

Documented determination for modules that do not apply to this practice

The modules listed below have been formally assessed as **NOT APPLICABLE** to this practice. Each determination includes the reason and the responsible party as of the date stated. All other modules apply and are documented in their respective sections of this binder.

Sedation / Anesthesia: NOT APPLICABLE

Determination: NOT APPLICABLE — practice does not provide sedation or general anesthesia services.

Determined by: Dr. Rolf Kreher · July 31, 2025

In-Office Dental Laboratory: NOT APPLICABLE

Determination: NOT APPLICABLE — no on-site lab; all lab work outsourced to a licensed facility.

Determined by: Dr. Rolf Kreher · July 31, 2025

Section Attestations

Per-module sign-off for the reporting period

Each named attester confirms that the records in their assigned module are complete and accurate for the stated reporting period. Pending sign-offs are flagged below — fill them in by hand if needed before presenting this binder to an inspector.

Infection Prevention & Control

I, the named individual below, attest that the records in this section are complete and accurate for the period stated on the cover.

Signed

Husna, RDH

Date

May 1, 2026

IPAC Lead

Radiation Safety

I, the named individual below, attest that the records in this section are complete and accurate for the period stated on the cover.

Signed

Dr. Rolf Kreher

Date

May 1, 2026

Radiation Safety Officer

Privacy & PHIPA

I, the named individual below, attest that the records in this section are complete and accurate for the period stated on the cover.

Signed

Georgette

Date

May 1, 2026

Privacy Officer

Occupational Health & Safety

I, the named individual below, attest that the records in this section are complete and accurate for the period stated on the cover.

Signed

JHSC Co-Chair

Pending signature.

Date

Appendices

Supporting Documents — organized by compliance area

Each document indexed below is retained in ComplianceDDS with its creation timestamp, uploader identity, and an immutable audit trail. **Open in ComplianceDDS to retrieve** any listed item, or request a copy during inspection — entries are grouped by the compliance area they support and lettered to match physical binder tab dividers.

Appendix A: Infection Prevention & Control

LAB REPORTS

LOG**A-1. Spore test lab report — Q1 2026 (SciCan, 13 wk)**

LAB_REPORT · uploaded Apr 1, 2026 by Husna, RDH

LOG**A-2. Spore test lab report — Q4 2025 (SciCan, 13 wk)**

LAB_REPORT · uploaded Jan 4, 2026 by Husna, RDH

LOG**A-3. Waterline CFU report — Q1 2026 (ALS Environmental)**

LAB_REPORT · uploaded Mar 30, 2026 by Husna, RDH

Appendix B: Radiation Safety

EQUIPMENT CERTIFICATES

CERT**B-1. X-ray equipment QA certificate — 2026 (DentX 810 + ProMax)**

EQUIPMENT_CERT · uploaded Feb 13, 2026 by Dr. Rolf Kreher · expires Feb 13, 2027

CERT**B-2. HARP operator certificates (2 operators)**

CERTIFICATE · uploaded Jan 9, 2026 by Georgette

Appendix C: Privacy & PHIPA

POLICY DOCUMENTS

DOC

C-1. Vendor BAA — cloud imaging provider (executed)

AGREEMENT · uploaded Sep 1, 2025 by Georgette · expires Sep 1, 2026

Appendix D: Waste Management

EQUIPMENT CERTIFICATES

CERT

D-1. Amalgam separator service record — 2026 (SolmeteX HG5, ISO 11143)

EQUIPMENT_CERT · uploaded Jan 29, 2026 by Georgette

OTHER

DOC

D-2. Biomedical waste manifests — 2026 (Stericycle, 12)

MANIFEST · uploaded Apr 9, 2026 by Georgette

Appendix E: Regulatory Compliance

OTHER

CERT

E-1. RCDSO certificates of registration (2 dentists)

LICENSE · uploaded Jan 1, 2026 by Georgette · expires Jan 30, 2027

Appendix F: Staff Compliance

TRAINING CERTIFICATES

CERT

F-1. Staff training completion certificates (WHMIS/IPAC/Privacy/AODA)

TRAINING_CERT · uploaded Jan 31, 2026 by Georgette