



American National Standard/
American Dental Association
Standard No. 94

Dental Compressed Air Quality

ADA American
Dental
Association®
Council on
Scientific Affairs

1996

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**AMERICAN NATIONAL STANDARD/AMERICAN DENTAL ASSOCIATION
SPECIFICATION NO. 94 FOR DENTAL COMPRESSED AIR QUALITY**

American Dental Association Specification No. 94 for Dental Compressed Air Quality has been approved by the Council on Scientific of the American Dental Association. This and other specifications for dental materials, instruments and equipment are being formulated by subcommittees of the Accredited Standards Committee MD156 for Dental Materials, Instruments and Equipment. The Council acts as administrative sponsor of that committee, which has representation from all interests in the United States in the standardization of materials, instruments and equipment in dentistry. The Council has adopted the specifications, showing professional recognition of their usefulness in dentistry, and has forwarded them to the American National Standards Institute with a recommendation that the specifications be approved as American National Standards. Approval of ADA specification No. 94 an American National Standard was granted by the American National Standards Institute on June 5, 1996.

The Council thanks the subcommittee members and the organizations with which they were affiliated at the time the specification was developed: Curtis D. Weyrauch (Chairman), U.S. Air Force; John O. Burgess, University of Texas, San Antonio; C. Doug Foster, U.S. Air Force; Dave Coughling, Custom Vac, Valley Forge, PA; William Davis, DentalAir, Dublin, OH; Jim Summerville, Nankison International, Canonsburg, PA; Ray Overstreet, Ingersoll Ran Air Center, San Antonio, TX; and John Young, University of Texas, San Antonio.

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Foreword

(This Foreword does not form a part of the ANSI/ADA Specification No. 94 for Dental Compressed Air Quality)

This ANSI/ADA Specification No. 94 was developed by the Accredited Standards Committee MD156 Working Group on Dental Compressed Air Quality. It applies to all compressed air used in the dental office to power dental equipment and laboratory equipment and to dry oral structures.

Since compressed air can be contaminated by old air lines, it is important that the end user be aware that coupling a new compressed air system to old air lines may require that the old lines be cleaned, replaced, or point-of-use air filters be used to obtain air quality that meets this standard.

Members of the working group felt that the compressed air system must have its air source away from any hazardous gas or vapor (e.g., exhaust from internal combustion engine, sewer vent, open sewer drain, etc.). It was suggested that the air intake be taken from outside of the clinic and at least 10 m (33 ft) from any source of hazardous gas or vapor.

Addendum to the Foreword for this Reaffirmation:

In 2012, the ADA Standards Committee on Dental Products approved a change in the terminology used for standards. ADA standards will no longer utilize the term Specification; standards will now be named as ADA Standards.

With this notice, this ADA Specification is now termed an ADA Standard. Where the term "specification" is used, it should be considered as "standard." It will be re-named as an ADA Standard in its next revision.

AMERICAN NATIONAL STANDARD/AMERICAN DENTAL ASSOCIATION SPECIFICATION NO. 94 FOR DENTAL COMPRESSED AIR QUALITY

1. SCOPE

This Standard applies to all compressed air used in the dental office to power dental equipment and laboratory equipment and to dry oral structures. It does not apply to compressed air use to supply breathable air and should never be used to support life (e.g., Medical Compressed Air).

This Standard only addresses the quality of compressed air and is not intended to limit the mechanisms utilized. Air flow and pressures are determined by equipment in use, length of air lines, diameter of air lines, number of bends in the air lines, etc., all of which are unique for each dental facility. Therefore, air flow and pressure are not addressed in this Standard.

Since compressed air can be contaminated by old air lines, it is important that the end user be aware that coupling a new compressed air system to old air lines may require that the old lines be cleaned, replaced, or point-of-use air filters be used to obtain air quality that meets this standard.

Members of the subcommittee felt that the compressed air system must have its air source away from any hazardous gas or vapor (e.g., exhaust from internal combustion engine, sewer vent, open sewer drain, etc.). It was suggested that the air intake be taken from outside of the clinic and at least 10 m (33 ft) from any source of hazardous gas or vapor.

2. NORMATIVE REFERENCES

The following standards contain provisions which through reference in this text constitute provisions of this Standard. At the time of publication the editions indicated were valid. All standards are subject to revision and parties to agreements based on this Standard are encouraged to investigate the possibility of applying the most recent editions of the standards indicated below.

ANSI/CGA, Commodity Specification for Air, G-7.1-1989, ISO/DP 8573-1.

3. DEFINITIONS

All terms used in connection with air flow, dew point and pressures shall conform to definitions given in ANSI/CGA, Commodity Specification for Air, G-7.1-1989.

3.1 Compressed Air System

Shall comprise all components the manufacturer deems necessary to compress and purify air to meet this Standard and be in the same configuration that will be marketed to the user. Building air lines are not included as a part of this system.