



DENTAL FACILITY COMPLIANCE REPORT EPA 40 CFR 441

SECTION A – FACILITY INFORMATION

Name of Dental Practice:		
Phone Number:	Fax Number:	E-mail:
Site Address:		
Mailing Address (if different from site address):		
Primary Contact for Amalgam Waste Issues		Total number of chairs:
Name:		
Title:		Total number of chairs at which amalgam placement or removal occurs:
Comments:		

Please Select One of the Following

<input type="checkbox"/>	This practice is a dental discharger subject to this rule as it places or removes dental amalgam. Complete Sections A, B, C, D, and E
<input type="checkbox"/>	This practice is a dental discharger subject to this rule and does not place or remove amalgam except in limited emergency or unplanned, unanticipated circumstances and the facility serves the following primary function: ___ Orthodontics ___ Oral Pathology or Oral medicine ___ Periodontics ___ Prosthodontics ___ Oral & Maxillofacial Surgery ___ Oral & Maxillofacial Radiology Complete Sections A and E Only

SECTION B - DESCRIPTION OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE

<input type="checkbox"/> My facility has installed one or more ISO 11143 compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste from the above identified chairs in Section A where amalgam is placed or removed.			
Make	Model	Year of Installation	
My facility operates an equivalent device:			
Make	Model	Year of Installation	Average removal efficiency of equivalent device, per 40CFR441.30(a)(2)j-iii.
<input type="checkbox"/> My facility has one or more existing non-ISO compliant amalgam separators installed prior to July 14, 2017 at the number of chairs indicated above, at which amalgam placement or removal occurs. I understand that it must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices) after its lifetime has ended or 10 years (whichever comes first).			
Make	Model	Year of Installation	

SECTION C - DESIGN, OPERATION AND MAINTENANCE OF AMALGAM SEPARATOR/EQUIVALENT DEVICE

<input type="checkbox"/>	Yes	The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements in 40 CFR §441.30 or §441.40.
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR § 441.30 or § 441.40.		
<input type="checkbox"/>	Yes	Name of service provider: _____
<input type="checkbox"/>	No	If no, provide/attach a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR § 441.30 or § 441.40.

SECTION D – MANDATORY BEST MANAGEMENT PRACTICES

<input type="checkbox"/>	This dental practice has implemented the following mandatory best management practices (BMPs) and will continue to do so:	
	<ul style="list-style-type: none">• Waste amalgam including, but not limited to, dental amalgam from chairside traps, screens, vacuum pump filters, dental tools, cuspidors, capsules, and collection devices, is not discharged to the sanitary sewer. Such items are not rinsed in a sink or other sanitary sewer connection.• Dental unit water lines, chair-side traps, and vacuum lines are not cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine, and peroxide that have a pH lower than 6 or greater than 8.• Amalgam waste is collected, packaged, labeled, stored, managed, and disposed in accordance with state and local regulations and recycler or hauler instructions.• Amalgam, elemental mercury, broken or unusable amalgam capsules, extracted teeth with amalgam, chairside traps, and vacuum system screens/filters are not disposed with medical waste or regular solid waste.• Bulk liquid mercury is not used; only use pre-capsulated dental amalgam.• Trains staff in the proper handling, management and disposal of amalgam waste and other hazardous solutions. Maintains documentation of training.	

SECTION E – CERTIFICATION STATEMENT

<i>"I, _____, am a duly authorized representative of the above named dental facility, and certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."</i>	
Authorized Signatory Name:	
Signature:	Date:

Return completed form to:

USD Mercury Reduction Program, Attn: Environmental Compliance, 5072 Benson Road, Union City, CA 94587