

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS (40 CFR Part 441)

General Information

Name of Practice:		Year Business Opened (if 2017 or later, provide full date):	
Physical Address:		Mailing Address:	
Phone:		Email	
All Owner/ Operator(s)			
Authorized Representative (per 40 CFR Part 441.50(a)(2)) Name and Title			
Phone:		Email	

Please select one of the following

<input type="checkbox"/>	This practice is a dental discharger subject to this rule and places and/or remove dental amalgam. <i>Complete sections A, B, C, D, E and F</i>
<input type="checkbox"/>	This practice is a dental discharger that <i>exclusively practices</i> one or more of the following dental specialties exempted in 40 CFR Part 441.10(c): oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. <i>Complete section F only</i>
<input type="checkbox"/>	This practice is a dental discharger that <i>does not</i> place dental amalgam, and <i>does not</i> remove amalgam except in limited emergency or unplanned, unanticipated circumstances (per 40 CFR Part 441.10(f)) <i>Complete section F only</i>

Section A

Description of facility

Total number of chairs:	
Total number of chairs at which amalgam placement or removal occurs:	

Section B

Description of amalgam separator or equivalent device (if more space is needed, attach additional pages)

Make	Model	ISO 11143 compliant?	Serial Number	Year of installation

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

Please select and complete one of the following:

<input type="checkbox"/>	The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements in 40 CFR Part 441.30 or a third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR Part 441.30 or Part 441.40.
Provide name & address of service provider:	

<input type="checkbox"/>	The amalgam separator (or equivalent device) is operated and maintained by the dental facility staff to meet the requirements in 40 CFR Part 441.30 or Part 441.40.
Provide a description of the practices employed by the dental facility to ensure the proper operation and maintenance in accordance with 40 CFR Part 441.30 or Part 441.40:	

Section D

Best Management Practices (BMP) Certifications

The above named dental discharger is implementing the following BMPs as specified in 40 CFR Part 441.30(b) or 40 CFR Part 441.40(b) and will continue to do so.	
<ul style="list-style-type: none"> • Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, is not discharged to a publicly owned treatment works (e.g., municipal sewage system). • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW are not be cleaned with oxidizing or acidic cleaners that may increase the leaching of solid mercury. Prohibited cleaners include but are not limited to: bleach, chlorine, iodine and peroxide that have a pH lower than 6.0 or greater than 8.0. 	

Section E

Recordkeeping and Record Retention

<input type="checkbox"/>	I have read and understand the Recordkeeping and Record Retention requirements for dental dischargers in 40 CFR Part 441.50 (a) and (b).
--------------------------	--

Section F

Certification Statement

<i>"I am a duly authorized signatory official 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 Representative Name (print)	
Authorized Representative Signature and Date	