



**ONE-TIME COMPLIANCE REPORT – NON-EXEMPT
 DENTAL AMALGAM CONTROL PROGRAM SECTION 6.16.1.5
 EPA CODE OF FEDERAL REGULATIONS CFR 441.50
 DUE WITHIN 90 DAYS OF INITIAL DISCHARGE OR TRANSFER OF OWNERSHIP**

Section 1 – Business Name and Address(es)

Name of Dental Facility:		Phone Number:	
E-Mail:		Fax Number:	
Site Address of Dental Facility		Mailing Address (if different from site address)	
Street Address:		Street Address:	
City:	Zip Code:	City:	Zip Code:
Name of business Operator(s) and Owner(s):			
Name and title of primary contact for amalgam waste issues:			
Type of Dentistry (Description of Operation):		Date Business Opened at this Location:	

Section 2 – Best Management Practices (BMPs)

A response is required for each BMP listed below.

Best Management Practices			
1. Use pre-capsulated, single-use amalgam capsules.	Yes	No	N/A
2. All dental chairs are equipped with chair-side traps and all vacuum pumps are equipped with traps or filters.	Yes	No	
3. All equipment is cleaned and maintained in accordance with the manufacturer's instructions.	Yes	No	
4. Staff amalgam-handling training has been recently conducted and logged.	Yes	No	
5. Use non-chlorine, non-oxidizing disinfectants and neutral cleaners with a pH between 6-8.	Yes	No	
6. Confirm screens, filters, traps or amalgam separators or any other amalgam-containing equipment are not rinsed over sinks or drains.	Yes	No	
7. Salvage, store, and recycle scrap amalgam (used disposable amalgam capsules, contact and non-contact amalgam scrap, and extracted teeth) in structurally sound, tightly closed and appropriately labeled containers.	Yes	No	
8. Recycle all bulk mercury and all amalgam waste by transferring the waste to an off-site recycling facility for recycling of mercury or manage and dispose of the waste in accordance with applicable federal, state and local hazardous waste laws and regulations. At no time should amalgam waste be disposed of or flushed down the drain or toilet.	Yes	No	N/A

Please explain any "No" or "N/A" responses: _____

Dental Amalgam Control Program – One-Time Compliance Report

Section 3 – Operations and Maintenance (O&M) Plan

Each Dental Facility shall develop an O&M Plan to ensure proper operation and maintenance of all Amalgam Separators and documentation of all maintenance activities. The O&M Plan and service records must be maintained for a minimum of three (3) years and will be made available to Metro upon request.

A copy of my Operations and Maintenance Plan is attached (required).	Yes	No
My third-party service provider maintains our separator and can readily provide a copy of our Operations and Maintenance Plan.	Yes	No
(If 3 rd Party Vendor is used): <u>Business Name</u> of Vendor and <u>Contact Name</u> :	Vendor Contact's Direct Phone:	

Section 4 – Amalgam Separator System Installation – Provide information for each separator

Manufacturer of Separator	Model Name and Number	Separator Serial Number	Is the separator ISO 11143 certified?	Date of Installation	Number of chairs
			Yes No		
			Yes No		

Section 5 – Amalgam Separator Maintenance and Operation

All wastewater that contains dental amalgam or other sources of mercury is discharged through the above mentioned separator(s) which is properly sized for flow. This dental facility properly maintains and operates the amalgam separator(s) in accordance with manufacturer specifications, including necessary cleanings, cartridge or filter replacement and other required servicing. Additionally, monthly visual amalgam separator inspections are being conducted and logged. All logs including inspections and training logs, as well as detailed records of amalgam separator repair, replacement or maintenance, and amalgam recycling receipts, manifests, etc., will be maintained for a minimum of three (3) years and will be made available for review upon request from Metro Water Recovery.

Yes No

Section 6 – One-Time Compliance Report

This One-Time Compliance Report must be signed by an Authorized Representative of the facility as defined by the Metro's *Rules and Regulations Governing the Operation, Use, and Services of the System*, and **must be retained as long as the dental facility is in operation or until ownership is transferred.**

"This dental facility has implemented and is complying with the required BMPs. Additionally, this dental facility has installed the necessary ISO-11143 certified amalgam separator(s), in accordance with requirements of the Metro's Dental Amalgam Control Program. I certify that this document and all attachments were prepared under my direction or supervision to ensure that qualified personnel properly gathered and evaluated the information submitted. I certify the information submitted is, true, accurate and complete."

Signature of Authorized Representative

Date

Name (please type or print)

Position or Title