



**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 opened at this location under current owner :	

Number of employees: _____

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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2. All dental chairs are equipped with chair-side traps and all vacuum pumps are equipped with traps or filters.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Are chair-side traps and vacuum pump filters treated as amalgam waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. All equipment is cleaned and maintained in accordance with the manufacturer's instructions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Staff amalgam-handling training has been recently conducted and logged.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. Use non-chlorine, non-oxidizing disinfectants and neutral cleaners with a pH between 6-8.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. Confirm screens, filters, traps or amalgam separators or any other amalgam-containing equipment are not rinsed over sinks or drains.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8. 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 <input type="checkbox"/>	No <input type="checkbox"/>	
9. 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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

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 (includes maintenance, service, and inspections) must be maintained for a minimum of three (3) years and will be made available to Metro upon request.

Note: Defective amalgam removal equipment/components must be repaired or replaced no later than 10 business days after the malfunction is discovered.

A copy of my Operations and Maintenance Plan is attached (<i>required</i>).	Yes <input type="checkbox"/> No <input type="checkbox"/>
My third-party service provider maintains our separator and can readily provide a copy of our Operations and Maintenance Plan.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(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 <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		

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 is a discharger subject to 40 CFR Part 441 and places or removes dental amalgam. “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 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