



INDUSTRIAL PRETREATMENT PROGRAM
Dental Discharger One-Time Compliance Report

SECTION A – Facility Information (please print clearly)

Dental business name:	
Dental business owner (legal name of person, company, etc.):	
Business Physical address:	
Mailing address (if different):	
In business since:	Business phone #:
Contact person/phone number:	
Contact person e-mail:	
Property Owner name:	
Property Owner address & zip code:	

SECTION B – Form(s) of dentistry practiced.

<input type="checkbox"/> General Dentistry	<input type="checkbox"/> Oral Pathology	<input type="checkbox"/> Oral and maxillofacial Surgery
<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Oral and maxillofacial Radiology
<input type="checkbox"/> Endodontics	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Dental Hygiene	<input type="checkbox"/> Prosthodontics	_____
Total number of chairs: _____		Number of chairs used for procedures: _____

SECTION C – Mark the applicable box.

The above dental facility is able to place amalgam, remove amalgam, or remove amalgam in limited emergency or unplanned, unanticipated circumstances. If selected, you must complete Sections D - G of this form.

The above dental facility does not and will not place any amalgam, remove any amalgam or any teeth containing amalgam. If selected, proceed to Section G – Certification.

SECTION D – Complete the following for each amalgam removal device (attach additional sheet as needed).

1. Manufacturer: _____

2. Make/Model: _____ Year installed: _____

3. The above device is certified to remove at least 95% of amalgam from the wastestream: Yes No

4. The device is appropriately sized for the number of chairs: Yes No

5. The device provides a clear view of the accumulated waste: Yes No

6. The operating manual for the device is available: Yes No

If you use a third party service provider to maintain the amalgam separator⁽¹⁾ or associated equipment provide their name, address, and contact information: _____

SECTION E – Initial each box to acknowledge you have read the applicable Requirements.

Operation and Maintenance

1. The amalgam separator(s) must be inspected at a frequency that would reasonably identify problems and in accordance with the manufacturer’s operating manual to:
 - a. ensure proper operation and maintenance of the separator(s),
 - b. confirm that all amalgam process wastewater is flowing through the amalgam retaining portion of the amalgam separator(s), and
 - c. check for leaks, filter replacement, early removal of sludge, etc.
2. In the event that an amalgam separator is not functioning properly, the amalgam separator must be repaired or replaced with an equivalent amalgam removal device no later than 10 business days after discovery. The replacement device shall achieve at least 95% removal efficiency.
3. The amalgam retaining unit⁽²⁾ of the amalgam separator must be replaced in accordance with the manufacturer’s recommendation or when the amalgam retaining unit has reached the maximum operating level, every twelve months, whichever comes first.

Best Management Practices (BMPs)

1. All amalgam waste⁽³⁾ including, but not limited to, dental amalgam from chairside traps, screens, vacuum pump filters, dental tools, capsules, cuspidors, or collection devices, shall not be discharged to the sewer system.
2. Amalgam waste from capsules, teeth, etc. shall be stored in a structurally sound airtight container that is properly labeled “Amalgam Waste for Recycling”.
3. Line cleaning product(s) must have a pH no less than 6.0 and no more than 8.0. Oxidizers, acidic cleaners, including but not limited to bleach, chlorine, iodine or peroxide are prohibited.

Recordkeeping/Retention

1. This dental facility must maintain its One-Time Compliance Report and make it available at all times for inspection in either physical or electronic form.
2. This dental facility must maintain and make the following available for inspection in either physical or electronic form, for a minimum of three years:
 - a. Documentation of the date, person(s) conducting the inspection, and results of each inspection of the amalgam separator(s) or equivalent device(s), and a summary of any follow-up actions.
 - b. Documentation of amalgam retaining container or equivalent container replacement (including the date).
 - c. Documentation of all dates that collected dental amalgam waste are picked up or shipped for proper disposal, and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers or the amalgam waste.
 - d. Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person(s) making the repair or replacement, and a description of the repair or replacement (including make and model).
 - e. The manufacturer’s operating manual for the current device must be available in physical or electronic form.

⁽¹⁾Amalgam separator means a collection device that captures or removes amalgam process wastewater.

⁽²⁾Amalgam retaining unit means that portion of the amalgam separator (e.g. cartridge, canister) or other applicable device used to retain or prevent the passage of amalgam waste.

⁽³⁾Amalgam waste means any waste containing mercury or residues from the preparation, use or removal of amalgam. This includes, but is not limited to, any waste generated or collected by chair-side traps, screens, filters, vacuum systems filters, amalgam separators, elemental mercury, and amalgam capsules.

SECTION F – Description of Practices.

Provide a description of the practices this business will use to ensure proper operation and maintenance of the amalgam separator and associated equipment, the BMPs, and the recordkeeping requirements.

SECTION G – Certification.

Dental business ownership type: Corporation Proprietor Partnership
 Government agency Other: _____

The following certification must be signed by one of the following:

- 1) the Principal Executive Officer, if the user is a corporation;
- 2) general partner or proprietor, if a partnership or proprietorship, respectively;
- 3) a **duly authorized representative** of the individual listed in 1 or 2 above if the authorization is **made in writing and specifies** the representative is responsible for the overall operation of the facility from which the discharge originates or has overall responsibility for environmental matters for the business.

I, _____ certify under penalty of law:
(print name)

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 further certify, if applicable, that the amalgam separator or equivalent amalgam removal device is designed to meet the requirements in Section D 3-5 above, will be operated and maintained to meet the requirements specified in Section E above, and that the BMPs specified in Section E above will be implemented at all times.

I understand that:

- The Pretreatment Program may require reports and other information, and may conduct random unannounced inspections, to verify compliance.
- The Pretreatment Program must be informed of any remodeling, additions, or alterations at this facility that could result in amalgam, or an increase in amalgam, being discharged to the sewer.
- The Pretreatment Program must be notified of any change to the “Duly Authorized Representative” or change in the trade name under which the business is operated within 10 business days of the change.

Signature

Date

Title

Note: Submitting this document to the Pretreatment Program shall not be construed to mean that the facility is in compliance with or, will be able to comply with, the sewer use requirements at Chapter 13.10 of the Loveland Municipal Code.