



## DENTAL AMALGAM RULE COMPLIANCE REPORT

### SECTION A: GENERAL INFORMATION (Required for all Facilities)

1. Facility Name (Name of Practice): \_\_\_\_\_
  
2. Physical Address: \_\_\_\_\_  
\_\_\_\_\_
  
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
  
4. Facility Contact Information:
  - a. Name: \_\_\_\_\_
  - b. Phone Number: \_\_\_\_\_
  - c. Email Address: \_\_\_\_\_
  - d. Sewer Service Provider: \_\_\_\_\_
  
5. Name of Owner: \_\_\_\_\_
  
6. Name of Operator (If different from owner): \_\_\_\_\_

7. One-Time Compliance Report Type

a. Select only one of the Following:

- This practice is a dental discharger subject to this rule as it places or removes dental amalgam. Complete Sections 1 through 5 [40 CFR 441.50(a)(3)(ii)].
- This practice is a dental discharger subject to this rule, does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. Complete Section 5 only [40 CFR 441.50(a)(3)(ii)].

b. Is submittal of this form the result of a transfer of ownership?

- Yes. If yes, enter the name of the previous facility from which ownership was transferred and the date of transfer.

Name of Previous Facility: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

- No.

**SECTION B: DESCRIPTION OF FACILITY (Required for Facilities that Work with Dental Amalgam)**

1. Total Number of Chairs: \_\_\_\_\_

2. Total Number of Chairs at which Amalgam Placement or Removal Occurs: \_\_\_\_\_

3. Narrative Description (Optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C: DESCRIPTION OF AMALGAM SEPARATORS AND EQUIVALENT DEVICES**

The above-named facility has installed one or more amalgam separators or equivalent devices that meet the requirements of 40 CFR 441.30(a), which capture all amalgam containing waste from the chairs identified in Section 2 where amalgam is placed or removed. (Complete the appropriate table for each amalgam separator and equivalent device installed).

1. ISO 11143 Compliant Amalgam Separators Installed After June 14, 2017

Make	Model	Year of installation	Number of chairs covered by this device

2. Equivalent Devices

Make	Model	Year of installation	Number of chairs covered by this device	Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2)i- iii

3. Existing Amalgam Separators Installed Prior to June 14, 2017

Make	Model	Year of installation	Number of chairs covered by this device

Note, existing amalgam separators installed prior to June 14, 2017 must be replaced with one or more ISO 11143 compliant amalgam separators or equivalent devices after its lifetime has ended, but no later than June 14, 2027.

**SECTION D: DESIGN, OPERATION, AND MAINTENANCE OF AMALGAM SEPARATORS AND EQUIVALENT DEVICES**

1. Select the box below if the statement is true:

- All amalgam separators and equivalent devices identified in Section 3 are designed, operated, and maintained to meet the requirements in 40 CFR 441.30(a) and (b).

2. Is a third-party service provider under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30?

- Yes. If yes, provide the name of the service provider.

Name of the Service Provider: \_\_\_\_\_

- No. If no, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30.

Description of Practices:

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**SECTION E: ADDITIONAL ACKNOWLEDGEMENTS AND CERTIFICATION**

1. Best Management Practices

- The above-named facility is implementing the following BMPs as specified in 40 CFR441.30(b)(1) and (2) **and** will continue to do so.
  - Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a domestic wastewater treatment facility (WWTF).
  - Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a WWTF must not be 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.

2. Reporting and Record Keeping

a. Documentation

- I, as the dental discharger or agent or representative of the dental discharger, understand that for a minimum of three years, the following documentation must be maintained and made available for inspection:
  1. 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 follow-up actions, if needed;
  2. Documentation of amalgam retaining container or equivalent container replacement (including the date, as applicable);
  3. Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers; and
  4. 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).

b. Manufacturer Operating Manual

- I, as the dental discharger or agent or representative of the dental discharger, understand that the manufacturers operating manual for the current device must be maintained and made available for inspection.

3. Certification Statement

<p><i>"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of §403.12(l) 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></p>	
Authorized Signatory Representative Name:	
<i>Authorized Signatory Representative Signature</i>	<i>Date</i>