



Dental Office One Time Compliance Report

Name of Facility			
Physical Address of Dental Facility			
City:		State:	
		Zip:	
Mailing Address			
City:		State:	
		Zip:	
Facility Contact			
Phone:		Email:	
Names of Owner(s):			
Names of Operator(s) if different from Owner(s):			

Applicability: Please Select One of the Following

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. Complete Facility Description and Practices Form. Sign the certification statement.
<input type="checkbox"/>	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. Sign the certification statement only

Certification Statement

<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>			
Authorized Representative Name (print name):			
Authorized Representative Signature:			
Date:			
Phone:		Email:	



Dental Office One Time Compliance Report: Facility Description and Practices Form

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.

Description of Facility

Name of Facility:			
Total number of chairs:			
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.	

Description of Amalgam Separator or Equivalent Device (Attach additional pages if necessary)

<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:	<i>Chairs:</i> 	
Make	Model	Year of installation	
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of ISO 11143 (or ANSI/ADA 108-2009) at the following number of chairs at which amalgam placement or removal may occur: I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of 40 CFR 441.30 after their useful life has ended, and no later than June 14, 2027, whichever is sooner.	<i>Chairs:</i> 	
Make	Model	Year of installation	
<input type="checkbox"/>	My facility operates an equivalent device.		
Make	Model	Year of installation	Average removal efficiency of equivalent device.



Dental Office One Time Compliance Report: Facility Description and Practices Form

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 40 CFR 441.30 .	
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30 .			
<input type="checkbox"/>	YES	Name of third-party service provider that maintains the amalgam separator or equivalent device:	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30 .	
<i>Describe practices:</i>			

Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs will continue to do so.</p> <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, must not be 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 publicly owned treatment works (e.g., municipal sewage system) 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 (i.e. cleaners that may increase the dissolution of mercury). 		
<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 Representative Name (<i>print name</i>):			
Authorized Representative Signature:			
Date:			