

Dental Compliance Report

City of Salem Public Works Department | 1410 20th Street SE, Building 2, Salem, Oregon 97302

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

To comply with 40 CFR Part 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions

Certain dental facilities must submit this one-time compliance report as required by the Environmental Protection Agency (EPA) Effluent Limitations Guidelines and Standards for the Dental Office Category (Dental Amalgam Rule) 40 CFR 441.50. Some dental facilities are not required to submit a one-time compliance report. Please see the fact sheet included with this form or use the City of Salem Amalgam Fact Sheet at www.cityofsalem.net/CityDocuments/guidance-regarding-epa-dental-rule-compliance.pdf to determine if your dental facility meets the requirements of the EPA rules for reporting.

GENERAL INFORMATION

Name of Dental Facility _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Facility Contact _____

Phone _____ Email _____

Name(s) of owner(s) _____

Name(s) of operator(s) if different from owner(s) _____

APPLICABILITY

Please select one of the following.

- This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. *(Complete sections A, B, C, D, and F.)*
- 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. *(Complete section F only.)*

Transfer of ownership (§441.50(a)(4)) (select if applicable).

- This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by §441.50(a)(4).

SECTION A

Description 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) _____

Description of any amalgam separator(s) or equivalent device(s) currently operated:

Yes No The facility discharged amalgam process wastewater prior to July 14, 2017 under any ownership.

SECTION B

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. Chairs _____

The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of §441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur. Chairs _____

I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of §441.30(a)(1) or §441.30(a)(2), after their useful life has ended, and no later than June 14, 2027, whichever is sooner.

Make	Model	Year of Installation

My facility operates an equivalent device.

Make	Model	Year of Installation	Average removal efficiency of equivalent device, as determined per §441.30(a)(2)i-iii

SECTION C

Design, operation, and maintenance of amalgam separator/equivalent device.

Yes I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in §441.30 or §441.40.

A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

Yes Name of third-party service provider (e.g. company name) that maintains the amalgam separator or equivalent device (if applicable) _____

- No If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

Describe practices:

SECTION D

Best Management Practices (BMP) certifications.

- The above-named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 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 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).

SECTION E

Retention period; per §441.50(a)(5) and 441.50(b).

One-time compliance report: 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.

Other records: The dental facility subject to this rule must maintain documents and make available for inspection in either physical or electronic form for a minimum of three years.

1. Documents related to inspection of amalgam separators and follow-up actions;
2. Documentation of amalgam retaining container or replacement, including date, if applicable;
3. Documents related to dental amalgam pickup or shipment for proper disposal by a licensed storage or disposal facility;
4. Documentation of any repair or replacement of an amalgam separator or device;
5. Manufacturer's current operating manual for the device in place.

SECTION F

Certification statement.

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(l).

"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."

Authorized Representative Name (please print) _____

Phone _____ Email _____

Signature _____ Date _____