



DENTAL FACILITY SURVEY AND COMPLIANCE REPORT
EPA 40 CFR 441

SECTION A – FACILITY INFORMATION (All Fields Required)

Form with fields for Name of Dental Practice, Phone Number, Fax Number, E-mail Address, Site Address, Mailing Address, Primary Contact for Amalgam Waste Issues Name, Title, Total Number of Chairs, and Comments.

Please Select One of the Following

Form with checkboxes and selection options for dental discharge status and primary functions like Orthodontics, Oral Pathology, etc.

PLEASE LIST ALL DENTISTS PRACTICING AT THIS DENTAL PRACTICE:

Table with 4 columns: Name, # Days/Week, Which days of the week on site?, and Each MONTH, approximately how many amalgam fillings does this dental professional remove or place?



If there are more dentists in this practice, please attach a separate list.

SECTION B – DESCRIPTION OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE

Form with a checkbox for ISO 11143 compliant separators and a table with columns: 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, per 40CFR441.30(a)(2)i-iii.
<input type="checkbox"/> My facility has one or more existing non-ISO compliant amalgam separators installed prior to July 14, 2017 at the number of chairs indicated above, at which amalgam placement or removal occurs. I understand that it must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices) after its lifetime has ended or 10 years (whichever comes first).			
Make	Model	Year of Installation	

**SECTION C – VACUUM SYSTEM(S) AND ASSOCIATED AMALGAM SEPARATOR EQUIPMENT**

# of operatories in this practice:	# of vacuum pumps in this practice:
Location of vacuum pump(s): Pump 1:	Pump 2 (if applicable):
<p>The vacuum system is:</p> <input type="checkbox"/> "Wet" system <input type="checkbox"/> "Dry" system <input type="checkbox"/> Don't know	<p>Wet Vacuum System</p> 
<p>Dry Vacuum System</p> 	<p>Person or company who maintains the vacuum system (s)?</p> <p>Person: _____</p> <p>Company: _____</p> <p>Phone: _____</p>
<input type="checkbox"/> Vacuum lines from this dental practice are plumbed to another dental practice or to a shared building system. Responsible party (e.g., name of landlord or other dental practice): _____  Phone: _____ Email: _____	

**SECTION D – REQUIREMENTS FOR DESIGN, OPERATION AND MAINTENANCE OF AMALGAM SEPARATOR/EQUIVALENT DEVICE**

<input type="checkbox"/> Yes	The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements in 40 CFR §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 40 CFR §441.30 or §441.40.	
<input type="checkbox"/> Yes	Name of Service Provider: _____
<input type="checkbox"/> No	If no, attach a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR §441.30 or §441.40.

**SECTION E – MANDATORY BEST MANAGEMENT PRACTICES**

**This dental practice has implemented the following mandatory best management practices (BMPs) and will continue to do so (Check all the apply). \*First two items are mandatory per 40 CFR §441**

- Waste amalgam including, but not limited to, dental amalgam from chairside traps, screens, vacuum pump filters, dental tools, cuspidors, capsules, and collection devices, is not discharged to the sanitary sewer. Such items are not rinsed in a sink or other sanitary sewer connection. \*
- Dental unit water lines, chair-side traps, and vacuum lines are not 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. \*
- Amalgam waste is collected, packaged, labeled, stored, managed, and disposed in accordance with state and local regulations and recycler or hauler instructions.
- Amalgam, elemental mercury, broken or unusable amalgam capsules, extracted teeth with amalgam, chairside traps, and vacuum system screens/filters are not disposed with medical waste or regular solid waste.
- Bulk liquid mercury is not used; only use pre-capsulated dental amalgam.
- Trains staff in the proper handling, management and disposal of amalgam waste and other hazardous solutions. Maintains documentation of training.

**SECTION F – CERTIFICATION STATEMENT**

*"I am a duly authorized representative 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 Signatory Name (please print):

Signature: (physical signature required)

Date:

**RETENTION PERIOD PER 40 CFR §441.30 OR §441.40**

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

**RETURN SIGNED, COMPLETED FORM TO:**

Dublin San Ramon Services District  
Attn: Stefanie Olson, Clean Water Programs Specialist  
7399 Johnson Drive, Pleasanton, CA 94588  
Email: [olsons@dsrsd.com](mailto:olsons@dsrsd.com)  
Fax: (925) 462-0658 Attn: Stefanie Olson