

Dental User Survey & Certification Form

Please complete and return to:

**City of Tacoma, Business Operations Division
2201 Portland Avenue, Tacoma WA 98421**

Please call (253) 591-5588 with questions

Business Name: _____
 Name of Owner _____
 Facility Address(es): _____
 Mailing Address: _____

Contact Information (Please list all dentists that practice at this facility. Add separate page if necessary)

Name	Form of Dentistry Practiced	Phone	Dental License No.

General Dentistry, Oral/Maxillofacial Radiology, Orthodontics, Prosthodontics, Oral Pathology, Oral/Maxillofacial Surgery, Periodontics, etc...

Is your practice a dental discharger subject to rule <u>40 CFR Part 441</u> and places or removes dental amalgam /or teeth containing amalgam fillings?	___Yes	___No
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.	___Yes	___No
Equipment: All dental chairs are equipped with chair-side traps and vacuum pumps are equipped with secondary filters, in accordance to and maintained by manufacturer's instruction.	___Yes	___No
Clean up procedures: Only non-oxidizing, non-chlorine disinfectants and neutral line cleaners are used when cleaning lines that service amalgam related practices.	___Yes	___No
Clean up procedures: When cleaning traps and filters, dental practice does not rinse over the drain. All wastewater produced by practices involving amalgams is flushed through amalgam separator.	___Yes	___No
Salvaging: All amalgam waste, including contact and non-contact is stored in structurally sound container that is properly labeled "Amalgam Waste for Recovery".	___Yes	___No
Recycling: All bulk mercury has been recycled. Name and address of recycling service:	___Yes	___No
The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.	___Yes	___No
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).	___Yes	___No
Disposal: Dental practice never disposes of amalgam waste in the garbage, infectious waste or biohazard containers. All amalgam waste is recycled annually.	___Yes	___No

Dental practice has installed an ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separator. Amalgam Separator Model: Manufacturer:	___ Yes	___ No
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). I understand that such separators must be replaced with one or more amalgam separators 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	___ Yes	___ No
All wastewater that <u>may contain</u> amalgam particles passes through the amalgam separator.	___ Yes	___ No
The amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40.	___ Yes	___ No
Dental practice maintains records of all maintenance and service completed regarding amalgam disposal, to include: date, facility name and address, and the amount shipped. All records are kept on site for a minimum of three years and are available to a City representative upon request.	___ Yes	___ No
Dental practice uses only digital x-ray imaging equipment.	___ Yes	___ No
Dental practice uses conventional x-ray imaging equipment, and develops film on site.	___ Yes	___ No
X-ray developer waste is treated to recover silver from spent fixer.	___ Yes	___ No
Type of silver recovery equipment installed: Manufacturer: Service Provider:		

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.”

Typed or Printed Name

Title

Signature

Date