



A-4. Dental Facility Annual Report Form

Name of Practice: _____		
Type of Practice:	<input type="checkbox"/> General <input type="checkbox"/> Pediatric <input type="checkbox"/> Endodontics <input type="checkbox"/> Other: _____	
No. of Dentists: _____	No. of Hygienists: _____	No. of Chairs: _____
Name(s) of Dentist(s): _____ _____		
Facility Address: _____ _____		
City: _____	State: _____	Zip: _____
Telephone: () _____	Fax: () _____	
E-mail: _____		
Name of Facility Contact: _____	Title: _____	
Name of Property Owner: _____	Phone: () _____	

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Title: _____

Signature: _____

Wastewater Sampling and Analysis

(Not required for facilities implementing or scheduled to implement BMPs unless required by the control mechanism.
Attach summary if multiple wastewater outfalls.)

Sampling Location: _____

Mercury Effluent Concentration: _____

Date: / /

Best Management Practices for Mercury are Defined as Listed Below

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is at the discretion of the POTW to determine a facility's level of compliance. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated. Go to http://www.ada.org/prof/resources/topics/amalgam_bmp.asp for more information on BMPs for Amalgam Waste.

NOTE: Recycle refers to disposal by a waste amalgam recycling contractor, NOT in a "red bag" or by a Bio-Medical/Infectious Waste Hauler.

Yes	No	Date	Best Management Practice
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has all bulk mercury been eliminated from your stock at your dental office?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office use precapsulated alloys?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office recycle disposable amalgam capsules?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office capture and recycle non-contact scrap amalgam?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office properly disinfect and recycle extracted teeth with amalgam fillings?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office capture and recycle contact amalgam including the contents of chair-side traps?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office recycle the chair-side trap?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office recycle contact amalgam retained by the vacuum pump filter?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office recycle the vacuum pump filter?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office use non-chlorine, non-bleach line cleaners that minimize the dissolution of amalgam?
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your dental office have and maintain an amalgam separator meeting ISO standards (11143)? Manufacturer: _____ Model: _____
<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has everyone who handles amalgam been trained on how to properly manage it?

☐ The practice handles dental amalgam but the following BMPs specified are NOT being implemented for the following reasons (attach as necessary):

Please provide the following information about the amalgam waste recycler and/or hazardous waste hauler:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ Copies of correspondence that indicate compliance, such as hazardous waste hauling manifests or bills of lading, are attached to this form.