



A-6. Annual Report Form for Industry

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 the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
Policy	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility established a mercury policy statement that includes the reduction or virtual elimination of mercury?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility developed a plan to phase-out mercury-containing devices?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility implemented a chemical management program that includes pre-purchase review and approval?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees about these protocols?
Devices	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility inventoried all mercury-containing devices (such as switches, thermostats, etc.)? (Attach)
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility labeled mercury-containing devices to recycle at the end of life?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility implemented a program to recycle fluorescent lamps?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does your facility properly recover and recycle elemental mercury and mercury-containing products?
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility requested certificates of analysis for bulk chemicals known to have potential mercury contamination?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has your facility reduced the use of mercury-containing chemicals as much as feasible?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	If applicable, has your facility inventoried mercury-containing lab chemicals, thermometers and other devices with a plan for non-mercury product substitution?

Wastewater Sampling and Analysis

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

Sampling Location: _____ Mercury Effluent Concentration: _____ Date: ____ / ____ / ____

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.

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Printed Name of Official: _____

Name of Facility Contact: _____

Title: _____

Signature: _____