



A-5. Annual Report Form for Schools

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. Please refer to the document Guide to Mercury Issues for School Administrators at http://www.epa.state.oh.us/ocapp/p2/mercury_pbt/School%20Guide.pdf for additional information.

	Yes	No	Date	Best Management Practice
Policy	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has the facility completed a mercury products inventory?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does the facility have an action plan in place to eliminate mercury-containing items found as a result of the inventory?
Devices	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Has all elemental mercury been eliminated from classrooms?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury compounds been eliminated from classrooms and storerooms?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury lab thermometers been eliminated from the classrooms?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury lab barometers been eliminated from the classrooms?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury fever thermometers been eliminated from the nurse's office?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Have all mercury blood-pressure cuffs been eliminated from the nurse's office?
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	If there are mercury-containing items at the facility, are they being stored in airtight, unbreakable containers? (Attach a list of these items)
	<input type="checkbox"/>	<input type="checkbox"/>	/ /	Does the facility have a mercury spill plan and identified a contractor trained to respond to mercury spills? (Attach contact info)
Chemicals	<div style="display: flex; justify-content: space-between;"> Classroom presentations on mercury Phase-out mercury thermostats </div> <div style="display: flex; justify-content: space-between;"> Recycle fluorescent bulbs Recycle mercury batteries </div>			If the facility has completed any of these activities, place a check in the appropriate box and provide a date each activity was completed.
				<div style="display: flex; justify-content: space-between;"> / / / / </div> <div style="display: flex; justify-content: space-between;"> / / / / </div>

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: () _____

Size of Facility (number of beds, employees or other) _____

Printed Name of Official: _____

Title: _____

Signature: _____

Telephone: () _____ Fax: () _____