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BEST MANAGEMENT PRACTICES (BMPs) CERTIFICATION

Section 1 – Business Name and Addresses

Name of Dental Facility:		Phone Number:	
Site Address of Dental Facility		Mailing Address (if different from site address)	
Street Address:		Street Address:	
City:	Zip Code:	City:	Zip Code:
Name and title of primary contact for amalgam waste issues:			

Section 2 – Best Management Practices (BMPs)

Complete the table below. A response is required on all statements. Return the signed form via mail, fax or scan and email to scaldwell@mwr.d.dst.co.us or srenter@mwr.d.dst.co.us.

Best Management Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Use pre-capsulated, single-use amalgam capsules.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
All dental chairs equipped with chair-side traps and all vacuum pumps equipped with traps or filters.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
All equipment cleaned and maintained in accordance with manufacturer's instructions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Train staff in proper handling and disposal of amalgam material.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Use non-chlorine or non-oxidizing disinfectants and neutral cleaners.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Screens, filters, traps or amalgam separators or any other amalgam-containing equipment are not rinsed over sinks or drains.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Salvage, store, and recycle scrap amalgam (used disposable amalgam capsules, contact and non-contact amalgam scrap, and extracted teeth) in structurally sound, tightly closed and appropriately labeled containers.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Recycle all bulk mercury and all amalgam waste by transferring the waste to an offsite recycling facility for recycling of mercury or manage and dispose of the waste in accordance with applicable federal, state and local hazardous waste laws and regulations. At no time should amalgam waste be disposed of or flushed down the drain or toilet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Section 3 – Operations and Maintenance (O&M) Plan

Each Dental Facility shall develop an O&M Plan to ensure proper operation and maintenance of all Amalgam Separators and documentation of all maintenance activities. The O&M Plan and service records must be maintained for a minimum of three (3) years and will be made available to the Metro District upon request.

Section 4 - Certification Statement

This certification must be signed by an Authorized Representative of the facility as defined by the Metro District's *Rules and Regulations Governing the Operation, Use, and Services of the System*.

"This dental facility has implemented and is complying with the required BMPs. I certify that this document and all attachments were prepared under my direction or supervision to ensure that qualified personnel properly gathered and evaluated the information submitted. I certify the information submitted is, true, accurate and complete."

Signature of Authorized Representative

Date

Name (please type or print)

Position or Title