METRO WASTEWATER RECLAMATION DISTRICT

2017 ANNUAL CERTIFICATION
DENTAL AMALGAM CONTROL PROGRAM

Section 1 – Business Name and Address(es)

Name of Dental Facility:	Phone Number:
E-Mail:	Fax Number:

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

Section 2 – Best Management Practices (BMPs)

A response is required for each BMP listed below.

Best Management Practices			
1. Use pre-capsulated, single-use amalgam capsules.	Yes ☐	No ☐	N/A ☐
2. All dental chairs equipped with chair-side traps and all vacuum pumps equipped with traps or filters.	Yes ☐	No ☐	
3. All equipment cleaned and maintained in accordance with manufacturer's instructions.	Yes ☐	No ☐	
4. Train staff in proper handling and disposal of amalgam material.	Yes ☐	No ☐	
5. Use non-chlorine or non-oxidizing disinfectants and neutral cleaners.	Yes ☐	No ☐	
6. Screens, filters, traps or amalgam separators or any other amalgam-containing equipment are not rinsed over sinks or drains.	Yes ☐	No ☐	
7. 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 ☐	No ☐	
8. 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 ☐	No ☐	N/A ☐

Please explain any "No" or "N/A" responses: _____

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 – Amalgam Separator System Installation – Provide information for each separator

Manufacturer of Separator	Model Name and Number	Separator Serial Number	Is the separator ISO 11143 certified?	Year of Installation	Number of chairs
			Yes ☐ No ☐		
			Yes ☐ No ☐		

Section 5 – Amalgam Separator Maintenance and Operation

All wastewater that contains dental amalgam or other sources of mercury is discharged through the above mentioned separator(s) which is properly sized for flow. This dental facility properly maintains and operates the amalgam separator(s) in accordance with manufacturer specifications, including necessary cleanings, cartridge or filter replacement and other required servicing. Records of service will be maintained for a minimum of three (3) years and will be made available for review upon request from the Metro District.

_____ Yes _____ No

Section 6 - Certification Statements

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. Additionally this dental facility has installed the necessary ISO-11143 certified amalgam separator(s), in accordance with requirements of the Metro District's Dental Amalgam Control Program. 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