**Dental User Survey & Certification Form**

**Please complete and return to:**

**City of Tacoma, Business Operations Division**

**2201 Portland Avenue, Tacoma WA 98421**

Please call (253) 502-2120 with questions

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Address(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (Please list all \*dentists that practice at this facility. Add separate page if necessary)

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| --- | --- | --- | --- |
| **Name** | **Form of Dentistry Practiced** | **Phone** | **Dental License No.** |
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| Does your office only perform Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics?  ***If answer is YES please go to X-ray Section on page 2 to complete form.*** | \_\_\_\_Yes | \_\_\_\_No |
| ***Applicability: Please select one or the other:***  Is your practice a dental discharger subject to rule [40 CFR Part 441](https://www.federalregister.gov/d/2017-12338/p-264) and places or removes dental amalgam /or teeth containing amalgam fillings? |  |  |
| This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. |  |  |
| ***Type of report: New Facility, Transfer of Ownership, or Existing Facility – Select one***  § 441.50.  This facility is submitting this compliance report because it began business after July 14th 2017 |  |  |
| This facility is submitting this compliance report because it changed owners after July 14th 2017 |  |  |
| This facility is submitting this compliance report in compliance with the October 12th 2020 deadline |  |  |
| The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii).  I understand that such separators must be replaced with one or more amalgam separators that meet the requirements of § 441.30(a)(1) or § 441.30(a)(2), after their useful life has ended, and no later than June 14, 2027, whichever is sooner. | \_\_\_\_Yes  \_\_\_\_ Yes | \_\_\_\_No  \_\_\_\_No |
| All wastewater that may contain amalgam particles passes through the amalgam separator. | \_\_\_\_Yes | \_\_\_\_No |
| Disposal: Dental practice never disposes of amalgam waste in the garbage, infectious waste or biohazard containers. All amalgam waste is recycled annually. | \_\_\_\_Yes | \_\_\_\_No |
| Dental practice has installed an ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separator that is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40.  Amalgam Separator Model: Manufacturer: | \_\_\_\_Yes | \_\_\_\_No |
| Dental practice maintains records of all maintenance and service completed regarding amalgam disposal, to include: date, facility name and address, and the amount shipped. All records are kept on site for a minimum of three years and are available to a City representative upon request. | \_\_\_\_Yes | \_\_\_\_No |
| Recycling: All bulk mercury has been recycled.  **Name and address of recycling service:** | \_\_\_\_Yes | \_\_\_\_No |
| Equipment: All dental chairs are equipped with chair-side traps and vacuum pumps are equipped with secondary filters, in accordance to and maintained by manufacturer's instruction. | \_\_\_\_Yes | \_\_\_\_No |
| Clean up procedures: Only non-oxidizing, non-chlorine disinfectants and neutral line cleaners are used when cleaning lines that service amalgam related practices. | \_\_\_\_Yes | \_\_\_\_No |
| Clean up procedures: When cleaning traps and filters, dental practice does not rinse over the drain. All wastewater produced by practices involving amalgams is flushed through amalgam separator. | \_\_\_\_Yes | \_\_\_\_No |
| Salvaging: All amalgam waste, including contact and non-contact is stored in structurally sound container that is properly labeled "Amalgam Waste for Recovery". | \_\_\_\_Yes | \_\_\_\_No |
| ***X-ray Section:***  Dental practice uses only digital x-ray imaging equipment. | \_\_\_\_Yes | \_\_\_\_No |
| Dental practice uses conventional x-ray imaging equipment, and develops film on site. | \_\_\_\_Yes | \_\_\_\_No |
| X-ray developer waste is treated to recover silver from spent fixer. | \_\_\_\_Yes | \_\_\_\_No |
| Type of silver recovery equipment installed:  Manufacturer:  Service Provider: | \_\_\_\_Yes | \_\_\_\_No |

**Please return the signed original copy within 14 days of receipt.**

City of Tacoma, Environmental Compliance

2201 Portland Ave Building P-1

Tacoma, WA 98421

Certification Statement:

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| Per[§ 441.50(a)(2)](https://www.federalregister.gov/d/2017-12338/p-312), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of [§ 403.12(l)](https://www.ecfr.gov/cgi-bin/text-idx?SID=c72f4432eed7748fd20b225be969e21e&mc=true&node=se40.31.403_112&rgn=div8). |
| *“I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of* § *403.12(l) of the above named dental facility, and certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”* |

Typed or Printed Name Signature

Title Date