



Dental Office One-Time Compliance Report

(If there is more than one Dental Office at your facility, please make copies of this form and submit one survey for each office). **Please return completed report by October 12, 2020.** Thank-you.

Business name: _____

Dentist's name: _____

Mailing address: _____

Name(s) of other dentists in your practice (if any): _____

Please answer ALL questions unless a response indicates to "proceed to" a particular question.

1. Type of dental practice:

- General practice
- Endodontics
- Oral surgery
- Prosthodontics
- Pediatric Dentistry
- Orthodontics
- Periodontics

2. Do you use x-ray technology at this location?

- Yes
- No (If no, proceed to question 3)

2a. What type of x-ray technology do you use?

- Traditional radiography
- Electronic imaging (Proceed to question 3)

2b. Do you process x-rays on site?

- Yes
- No (If no, continue to question 3)

2c. Approximately how many of gallons of fixer do you use per month: _____ gallons.

2d. How do you dispose of spent fixer?

- Commercial recycler picks up spent fixer
- Take or send to a recycling center
- Replacement canister set up by recycler
- Down the drain to the sewer system
- Disposal in the trash
- Other (specify) _____

2e. Name and address of your used (spent) fixer recycling or disposal service:

2f. How do you dispose of x-ray lead foil?

- Commercial recycler picks up lead foil
- Take or send to a recycling center
- Dispose in regular trash
- Dispose via biohazard service
- Other (specify) _____

2g. Name and address of lead foil recycling or disposal service: _____

3. Does your dental office place and/or remove amalgam fillings?

- Yes
- No (If no, proceed to question 9)

4. Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed): _____ chairs.

5. Does your office have an amalgam separator installed?

- Yes
- No (If no, proceed to question 6)

5a. Is the amalgam separator an ISO 11143, ANSI/ADA 108-2009, or an equivalent certified device capable of achieving at least 95% removal efficiency?

- Yes
- No (If no, proceed to question 7)

5b. What is the name and serial number of your amalgam separator certified device?

5c. I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 40 CFR 441.30 or 441.40.

- Yes

6. How do you dispose of amalgam particles recovered from the vacuum system (chair-side trap and the trap before the suction pump)?

- Commercial recycler picks up
- Take or send amalgam particles to a recycling service
- Dispose of amalgam particles in the regular trash
- Dispose via biohazard bag
- Other (specify) _____

7. How do you dispose of amalgam capsules?

- Commercial recycler picks up
- Take or send amalgam particles to a recycling service
- Dispose of amalgam particles in the regular trash
- Dispose via biohazard bag
- Other (specify) _____

8. Name and address of your amalgam-particle and capsule recycling or disposal service:

9. What type of sterilization process is used at your dental facility?

- Steam sterilization
- Chemical sterilization
- Other (specify) _____

9a. What chemicals are used in the sterilization process? _____

9b. How do you dispose the spent sterilization chemicals?

- Commercial recycler picks up
- Take or send spent chemicals to a recycling service
- Dispose in the regular trash
- Dispose via biohazard bag
- Other (specify) _____

10. I certify that this facility is implementing the following best management practices and will continue to do so: (ref: 441.30 (b) and 441.40)

1. We ensure no waste amalgam is discharged to the sanitary sewer (e.g. from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices) and

2. We ensure cleaners used for water lines, chair-side traps, and vacuum lines connected to the amalgam separator are not oxidizing or acidic including bleach, chlorine, iodine, and peroxide with a pH below 6 or above 8 (i.e. cleaners that may increase dissolution of mercury).

- Yes**
- No**

Per § 441.50(a)(2), 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(1).

“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.”

Dentist's printed name

Dentist's signature

Date

If you have any questions, please feel free to contact me at:

Nathan Regal, City of Yakima Wastewater Division, (509) 575-6077,
nathan.regal@yakimawa.gov

Please mail the completed compliance report to:

City of Yakima Wastewater Division
Attn: Nathan Regal
2220 E. Viola
Yakima, WA 98901