

Dental Facility Compliance ReportEPA 40 CFR 441.50

Sect	tion A — General Infor	mation						
				Name of Facility				
Address of Dental Facility			City		State	Zip Code		
Facility	Contact	Phone		Email				
radility	Contact	Those		Linear				
Mailing	Address		City		State	Zip Code		
APP	LICABILITY: Please Selec	t One of the Followi	ng					
	This practice is a dental disch Complete Sections A, B, C,		CFR 411 as it p	olaces or remo	ves denta	al amalgam		
	This practice is a dental discharger subject to this rule and does not place or remove amalgam except in limited emergency or unplanned, unanticipated circumstances and the facility serves the following primary function:							
	Orthodontics	☐ Oral Pathology/Ora	☐ Oral Pathology/Oral Medicine ☐ Pe			riodontics		
	Prosthodontics	☐ Oral & Maxillofacial Surgery/Radiology ☐ Mo			lobile De	obile Dentist		
	Complete Sections A and E	only						
	(Also, se	lect if applicable) Trar	sfer of Owner	ship (§ 441.50	(a)(4))			
	This facility is a dental discharger subject to this rule (40 CFR Part 441), and is submitting a new one-time dental facility compliance report because of a transfer of ownership as required by § 441.50(a)(4).							
Sec	tion B — Description o	of Amalgam Sepa	rator or Ec	uivalent D	evice			
	The dental facility has installed separators (or equivalent device of chairs at which amalgam pl	ces) that captures all an	nalgam containi				CHAIRS	
	Make				Model		Year of Installation	
	Make My facility operates an equiva	lent device.			Model		Year of Installation	
	Make Average removal efficiency of equivalent device, per § 441.30(a)(2)i-iii			Model iii	odel Year of Installation			
	Make	Average removal efficie	ncy of equivalent devic	e, per § 441.30(a)(2)i-	Model		ear of Installation	



Dental Facility Compliance Report

EPA 40 CFR 441.50

Section B — Description of Amalgam Separator or Equivalent Device								
The dental facility has one or more existing non-ISO compliant amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur.	CHAIRS							
I understand that such separators must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices) after their useful life has ended, and no later than June 14, 2027.								
Section C — Design, Operation & Maintenance of Amalgam Separator/Equivalent Device								
Yes The dental facility has one or more existing non-ISO compliant amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur.								
A third-party service provider is under contract with this facility to ensure proper operation and maintenance of amalgam separator or equivalent device in accordance with § 441.30 or § 441.40.								
Yes Name of service provider:								
No If no, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40.								
Describe practices:								
Section D — Best Management Practices (BMP) Certifications								
The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 and will continue to do so.								
 Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to the sink or other sanitary sewer connection. 								
 Dental unit water lines, chair-side traps, and vacuum lines are not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8. 								
 Amalgam waste is collected, packaged, labeled, stored, managed, and disposed in accordance with state and local regulations and recycler or hauler instructions. All hauling and maintenance records are kept on site. 								
 Amalgam, elemental mercury, broken or unusable amalgam capsules, extracted teeth with amalgam, chairside traps, and vacuum system screens/filters are not disposed via medical waste or regular solid waste. 								
Bulk liquid mercury is not used; only use pre-capsulated dental amalgam.								
Trains staff in the proper handling, management, and disposal of amalgam waste and other hazardous solutions.								
Section E — Certification Statement								
"I, am a responsible corporate officer, a general partner or proprietor (if the fact partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § of the above named dental facility, and certify under penalty of law that this document and all attachments were punder my direction or supervision in accordance with a system designed to assure that qualified personnel properly and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, persons directly responsible for gathering the information, the information submitted is, to the best of my knowled belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, in the possibility of fine and imprisonment for knowing violations."	403.12(I) prepared ly gather or those dge and							
Phone Email Authorized Representative Signature Date Retention Period; per § 441.50(a)(5)	•							

As long as a dental facility subject to this part is in operation, or until ownership is transferred, the dental facility must maintain this one time compliance report and make it available for

inspection in either physical or electronic form.