



Dental Amalgam Certification Assessment Form

DEPARTMENT OF PUBLIC WORKS BUREAU OF WATER & WASTEWATER
 Pollution Control Section, 8201 Eastern Boulevard Baltimore, Maryland 21224
 QUESTIONS? CALL 410-396-9695



**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
 to Comply with 40 CFR 441.50
 Effluent Limitations Guidelines and Standards for the Dental Office Category**

Instructions:

Article 25 of the Baltimore City Code, as amended, regulates sewage disposal. The following assessment form contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (“Dental Amalgam Rule”). Certain regulatory exemptions may apply.

IMPORTANT: Confidential treatment of information provided is governed by procedures specified in 40 CFR 403 Part 2.

Mail the completed and signed form to:

Program Administrator
 Pollution Control Section
 BRWWTP Admin Building
 8201 Eastern Boulevard
 Baltimore, MD 21224

SECTION A: FACILITY CONTACT INFORMATION

Facility Name	Type (office, clinic, school)		
Facility Address	City	State	Zip Code
Signing Official	Title		
Telephone	Email		
Alternate Contact	Title		
Telephone	Email		

SECTION B: FACILITY INFORMATION

Owner Name	Existing Source (in operation prior to 7/14/2017):	<input type="checkbox"/>	
	New Source (in operation after to 7/14/2017):	<input type="checkbox"/>	
Mailing Address - Check if same as facility address <input type="checkbox"/>	City	State	Zip Code
Telephone	Email		
Names of dentists operating at this facility (attach list if necessary)			

SECTION C: APPLICABILITY (CHECK BOX IF APPLICABLE)

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>Complete sections D, E, F, G, and H</i>
<input type="checkbox"/>	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. <i>Complete section H only</i>
<input type="checkbox"/>	This facility exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. <i>Complete section H only</i>
<input type="checkbox"/>	This facility operates exclusively from a mobile unit, and/or does not discharge to the sanitary sewer system. <i>Complete section H only</i>
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	
<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4) .

SECTION D: DESCRIPTION OF FACILITY

		Total number of chairs:	
		Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):	
		Number of amalgam separators or equivalent amalgam removal devices:	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.	

SECTION E: DESCRIPTION OF ALMALGAM SEPARATOR(S) OR EQUIVALENT DEVICE(S)

<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:	<i>Chairs:</i>
<input type="checkbox"/>	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) at the following number of chairs at which amalgam placement or removal may occur: I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) 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.	<i>Chairs:</i>
	Make	Model
		Year of installation

<input type="checkbox"/>	This facility operates an equivalent device described below.		
	Make	Model	Year of installation
			Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.

Section F. DESIGN, OPERATION AND MAINTENANCE OF AMALGAM SEPARATOR/EQUIVALENT DEVICE

<input type="checkbox"/>	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40 .	
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
<i>Describe practices:</i>			

SECTION G. BEST MANAGEMENT PRACTICES (BMP) CERTIFICATIONS (CHECK BOX IF STATEMENTS TRUE)

<input type="checkbox"/>	<p>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.</p> <ul style="list-style-type: none"> 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 a publicly owned treatment works (e.g., municipal sewage system). Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must 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 (i.e. cleaners that may increase the dissolution of mercury).
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SECTION H. CERTIFICATION STATEMENT

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\(l\)](#).

“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.”

Authorized Representative Name (print name):	
Authorized Representative Signature:	
Date:	

SECTION I. 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 or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.

Dental Dischargers or an agent or representative of the dental discharger must maintain and make available for inspection in either physical or electronic form, for a minimum of three years:

- (1) Documentation of the date, person(s) conducting the inspection, and results of each inspection of the amalgam separator(s) or equivalent device(s), and a summary of follow-up actions, if needed.
- (2) Documentation of amalgam retaining container or equivalent container replacement (including the date, as applicable).
- (3) Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers.
- (4) Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person(s) making the repair or replacement, and a description of the repair or replacement (including make and model).

BALTIMORE CITY DPW ONLY			
IS THE SURVEY COMPLETE?		REVIEWED BY:	
IS FOLLOW UP NECESSARY?		REVIEW DATE:	
IS FACILITY SUBJECT TO 40 CFR 441?		DATA ENTERED BY:	
PSSES OR PSNS?		DATA ENTRY DATE:	
COMMENTS:			