**General Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Facility | | | | | | | | |
|  | | | | | | | | |
| Physical Address of Dental Facility | | | | | | | | |
|  | | | | | | | | |
| City |  | | | | State |  | Zip |  |
| Mailing Address | | | | | | | | |
|  | | | | | | | | |
| City |  | | | | State |  | Zip |  |
| Facility Contact | | | | | | | | |
|  | | | | | | | | |
| Phone |  | | Email |  | | | | |
| Names of Owner(s) | |  | | | | | | |
| Names of Operator(s) if different from Owner(s) | |  | | | | | | |

**Regulatory Exemption Claimed**

|  |  |
| --- | --- |
| **Based on any of the following criteria, dental business may qualify for an exemption from: amalgam separator installation and maintenance requirements; and implementation of prescribed best management practices. Check the box and include your initials to certify each exemption claimed. If claiming an exemption you may proceed to Section E.** | |
|  | “The dental business identified exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.” \_\_\_\_\_\_ (initials) |
|  | “The dental business identified conducts all dental services from one or more mobile units (defined as a specialized mobile self-contained van, trailer or other equipment used in providing dentistry services at multiple locations).” \_\_\_\_\_\_ (initials) |
|  | “The dental business identified collects all dental amalgam process wastewater for transfer and hauling to a Centralized Waste Treatment facility as defined in 40 CFR 437.” \_\_\_\_\_\_ (initials) |
|  | “The dental business identified does not place or remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances (according to the rules this means that, on average, less than 5% of the removal procedures involve dental amalgam, and that the business does not stock amalgam capsules or accept new patients with amalgam fillings).” \_\_\_\_\_\_ (initials) |

**Applicability: Please Select One of the Following**

|  |  |
| --- | --- |
| ☐ | This facility is a dental discharger subject to this rule ([40 CFR Part 441](https://www.federalregister.gov/d/2017-12338/p-264)) and it places or removes dental amalgam.  *Complete sections A, B, C, D, and E* |
| **(A*lso,* *select if applicable*) Transfer of Ownership** ([§441.50(a)(4)](https://www.federalregister.gov/d/2017-12338/p-321)**)** | |
| ☐ | This facility is a dental discharger subject to this rule ([40 CFR Part 441](https://www.ecfr.gov/cgi-bin/text-idx?SID=c7d79f042ec05143ccc83e8a8d216342&mc=true&node=pt40.32.441&rgn=div5)), 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)](https://www.federalregister.gov/d/2017-12338/p-321).  *Complete sections A, B, C, D, and E* |

**Section A**

**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). | | | |  |
| Description of any amalgam separator(s) or equivalent device(s) currently operated. | | | | |
|  | | | | |
| YES ☐ | NO ☐ | The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership. | | |

**Section B**

**Description of Amalgam Separatoror Equivalent Device**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐ | 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: | | | | *Chairs* |
| ☐ | 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)](https://www.federalregister.gov/d/2017-12338/p-284) 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 amalgam separators (or equivalent devices) that meet the requirements of [§ 441.30(a)(1)](https://www.federalregister.gov/d/2017-12338/p-284) or [§ 441.30(a)(2)](https://www.federalregister.gov/d/2017-12338/p-290), after their useful life has ended, and no later than June 14, 2027, whichever is sooner. | | | | |
| **Make** | | **Model** | | **Year of installation** | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| ☐ | My facility operates an equivalent device. | | | | |
| **Make** | | **Model** | **Year of installation** | **Average removal efficiency of equivalent device, as determined per** [**§ 441.30(a)(2)i- iii**](https://www.federalregister.gov/d/2017-12338/p-290)**.** | |
|  | |  |  |  | |
|  | |  |  |  | |
|  | |  |  |  | |
|  | |  |  |  | |

**Section C**

**Design, Operation and Maintenance of Amalgam Separator/Equivalent Device**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ | 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](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309). | |
| A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with [§ 441.30](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309). | | | | |
|
| ☐ | YES | Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable): | |  |
|
| ☐ | NO | If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with [§ 441.30](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309). | | |
|
| *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)](https://www.federalregister.gov/d/2017-12338/p-299) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309) 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 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). |

**Section E**

**Certification Statement**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.”* | | | |
| Authorized Representative Name *(print name)* | |  | |
| Phone |  | Email |  |
|  | |  | |
| *Authorized Representative Signature* | | *Date* | |

**Facility Opening Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Retention Period*; per** [**§ 441.50(a)(5)**](https://www.federalregister.gov/d/2017-12338/p-322)

|  |
| --- |
| 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. |