



Water Reclamation Division
 Industrial Pretreatment
 3036 Environmental Drive
 Fort Collins, CO 80525
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 970.221.6970 - fax
fcgov.com/utilities

Initial Compliance Report Form for Federal Dental Regulation 40 CFR 441
 Implemented by the City of Fort Collins Industrial Pretreatment Department

Section 1. Facility Information

 Name of Dental Practice or Facility

 Physical Address

 Mailing Address, if different than physical address

 Phone Number

 Names of all Dentists currently practicing at this facility

 Name

 Name

 Name

 Name of dental facility owner(s). If any of the above dentists listed are owners, please document next to their name.

Please check one of the following three (3) designations that best describes the practices at your dental facility (use the Guidance Document for 40 CFR 441 to aid in selection):

- This practice regularly performs one or more procedures per month involving the placement or removal of amalgam.
- This practice only performs procedures involving the removal of amalgam in emergency situations and does not store amalgam capsules. *For the purposes of this Program, emergency situations are quantified as <5% of total procedures.*
- This practice does not perform any procedures involving the placement or removal of amalgam. If you selected this item, please check one of the following explanations. When complete, sign Section 6. Remember to maintain a copy of this form for your records.
 - This office specializes exclusively in Oral Pathology, Oral and/or Maxillofacial Radiology, Oral and/or Maxillofacial Surgery, Orthodontics, Periodontics, or Prosthodontics.
 Specifically: _____
 - Other explanation
 Please describe: _____

Section 2. Amalgam Separator Information

Date (month/year) current amalgam separator(s) was initially installed: _____

Manufacturer of Amalgam Separator Model Number

Manufacturer of Amalgam Separator Model Number

Date of last cartridge, filter or separator container replacement: _____

Number of dental chairs at the practice using amalgam separator(s) _____
(Do not include dental hygiene chairs that never involve amalgam placement or removal)

Total number of dental chairs at this practice _____

List the evacuation line cleaner used at practice: _____ What is its pH? _____

Section 3. Best Management Practices, Maintenance and Operational Logs

- Yes No This practice or facility only uses pre-capsulated single-use amalgam capsules.
- Yes No This practice or facility properly maintains and operates chair side traps, filters and vacuum pumps according to manufacturer specifications, including necessary cleanings, cartridge or filter replacement, and other required servicing.
- Yes No This practice or facility properly maintains and operates the amalgam separator(s) system(s) according to manufacturer specifications, including necessary cleanings, cartridge or filter replacement, and other required servicing.
- Yes No This practice or facility replaces amalgam separator(s) as needed or per manufacturer recommendation. *If your amalgam separator was installed prior to June 14, 2017, your practice will need to replace your separator prior to June 14, 2027
- Yes No When flushing or cleaning any lines connected to the amalgam separator(s), this practice or facility uses, and will continue to use, cleaners or disinfectants that do not contain oxidizing or corrosive agents that may mobilize mercury from amalgam. (Prohibited products include, but are not limited to, chlorine bleach, peroxide or any product with a pH less than 6 or greater than 8).
- Yes No This practice or facility recycles, and will continue to recycle, all amalgam containing waste from this location, including amalgam from separators, amalgam from screens, traps or filters, amalgam contaminated teeth and any surplus amalgam not fully used in dental procedures, without putting any amalgam containing waste in the trash, infectious waste containers, or the drain.
- Yes No This practice or facility implements an Operations and Maintenance Plan to ensure compliance with the Best Management Practices outlined above.
- Yes No This practice or facility logs compliance and maintenance actions including, but not limited to amalgam separator inspections, amalgam separator maintenance and amalgam separator replacement.



Section 4. Waste Management and Recycling

Amalgam waste generated at this facility is managed or transported by:

Service Provider Name

Address

City State Zip Code

Phone Number

Amalgam waste generated at your facility is recycled or disposed at the following facility:

Same as above

Facility Name

Address

City State Zip Code

Section 5. Records Retention

This practice or facility will retain a copy of this Initial Compliance Report Form as long as this practice is subject to the Federal Rule or until ownership is transferred. Check one.

Yes No

This practice or facility retains all amalgam separator related records, including but not limited to, City of Fort Collins annual report forms, waste manifests, maintenance and repairs performed, and manufacturer recommendations for at least three (3) years. Check one.

Yes No

Section 6. Certification

I 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.

Name of Dentist, owner or manager signing certification statement

Title

Signature

Date

Please return completed and signed form to Rhonda Barton, via mail at 3036 Environmental Drive, Fort Collins, CO 80525 or via fax to 970-221-6938 or via email at rbarton@fcgov.com