



Standard Operating Procedures for Security Sanitation District Sector Control Programs DRAFT 3-31-16

DENTAL SPECIFIC INFORMATION FOR ESTABLISHING BEST MANGAGEMENT PRACTICES (BMPs) FOR THE REDUCTION OF MERCURY

Enabling Legal Authority

Article VIII: Prohibitions and Limitations on Wastewater Discharge
Section III - Wastewater Discharge; Limitations:

Section E. The Manager may establish more stringent pollutant limits, additional site-specific pollutant limits or Best Management Practices (BMPs) when, in the judgment of the Manager, such limitations are necessary to implement the provision of these Regulations.

The Security Sanitation District's Pretreatment Department prepared guidelines applicable to Dental discharges, including choosing environmentally friendly products, recycling metal-bearing wastes, providing adequate treatment and correctly disposing of waste materials. The Best Management Practices (BMPs) are incorporated by reference into the Security Sanitation District Part A, Sewer Use Regulations. The dental facilities covered by these BMPs shall be classified as non-significant industrial users unless another classification is determined to be appropriate by the District Manager.

The District's Dental BMP Program is provided to each dental facility covered by the program. The District relies on annual inspections to verify compliance by the dentists. Secondly, the District is implementing an annual self-certification reporting requirement beginning in 2016.

When a dental facility is identified, the Dental Industrial Waste Survey form is provided to the user to complete and return to the District. The following form is used:



Industrial Waste Survey for Dental Facilities

Dental Wastewater Questionnaire Security Sanitation District

Submit one survey form for each business.

SECTION A – BUSINESS NAMES AND ADDRESSES

Business Name	Business Address	
Authorized Person for this Business (Print)	Title	Telephone
Other Business Contact (Print)	Title	Telephone

List names of all dentists practicing at this office and number of days per week that they normally work at this site.

Name	# of Days/ Week Worked at Site

SECTION B – GENERAL BUSINESS INFORMATION

Nature of practice

Standard Industrial Classification (SIC) is	
Date Business Started at this Site	

SECTION C – PRODUCT AND PROCESS DESCRIPTION

	Number of Operating Days/Year	Include business hours you perform removal or placement of amalgam							Total number of Employees/Day
		Mon	Tue	Wed	Thur	Fri	Sat	Sun	
Business Hours									

Practice Activity	Number of chairs/cuspidors
Restorative chairs	
Hygiene-only chairs	
Does facility use cuspidors (circle response)	Yes No
Vacuum pump (check type used):	<input type="checkbox"/> Liquid Ring <input type="checkbox"/> Re-circulating <input type="checkbox"/> Turbine Vacuum
Name of Disinfectant used for Line Cleaning	
Amalgam Separator Installed?	YES NO
Manufacturer:	
Model number:	
Average # of Amalgam fillings placed each week	
Average # of Amalgam fillings removed each week	
List any additional treatment used to remove amalgam/mercury prior to discharge to the sanitary sewer system.	

Liquid Wastes and Sludges Removed

Type of Waste/Substance	Where Disposed?	Quantity Removed (e.g. liters, gallons, grams)	Monthly, quarterly, annually
Scrap amalgam			
Used fixer			
Used chair-side traps			
Used vacuum pump screens/filters			
Chemical sterilizing solutions			
Other			
Other			

SECTION D – CERTIFICATION BY DENTAL FACILITY OWNER

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 ensure 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.

Printed Name Title

Signature Date

Inspections of Dental Facilities

The District inspects Dental facilities once per two years. The inspection report is completed and provided to the dental facility. The following inspection form is used and customized to the specific dental discharger:



Dental Facility Inspection Form

Business Name:		Inspection Date / Time
Address:		
Insert Picture of Dental Signage		
Representative Present at Inspection		
Name: Title: Company: Phone: E-Mail:		
Signatory:		Present at Inspection?
Responsible Company Official:		
Security Sanitation Representatives Present During Inspection		
Name	Title/Company	Phone
Chris Scott	Pretreatment Coordinator, Security Sanitation District	719-392-7844

Report Completed by	Signature of Inspector	Date
Chris Scott		
Business Description		
Amalgam Separator Make/Model		Date of Installation
Date of Last cartridge/filter Replacement	Manufacturer recommended cleaning or cartridge replacement schedule:	
Is amalgam separator being properly maintained?	Is there a sampling point on the discharge side of separator?	Is filter or waste from amalgam separator properly recycled?
Company that receives waste for disposal:	Recycling company Certification Statement for processed filters kept on site?	
Date of Last Inspection:	Summary of inspection requirements from last inspection	
Line Cleaner(s)/ disinfectants used at this facility:		
Note: Low pH cleaners and bleach containing cleaners shall not be used for any line cleaning or other cleaning where mercury waste may contact the cleaner.		
Inspection Findings		

Required Actions:

Recommended Actions:

General Inspection Remarks:

Remarks:

Annual Reporting and Certification by Dental Facilities

The District is requiring that the dental facility submit the following self-certification annually. The report is due January 28th of each year and covers the previous calendar year.

Annual Report and Certification for Dental Office Best Management Practices

On behalf of _____ (Dental Facility located at _____ (Address) and being authorized to sign such certification, I, _____ (Your name) certify that this facility HAS/HAS NOT (**Circle One**) fully implemented and complied with the Best Management Practices for the Treatment and Disposal of Amalgam Wastes as required by the Security Sanitation District from the Dental Facility for the calendar year: _____.

Annual Reporting Requirement	Dental Facility Response
Manufacturer, model, and date of installation for each amalgam separator installed during the calendar year. If the amalgam separator is the same as the previous calendar year, enter "No changes from previous year":	
Name and address of the installer for each amalgam separator (if same as previous calendar year, enter "No changes from previous year":	
Type of ion exchange columns or other treatment installed downstream of the amalgam separator:	
Is the facility implementing the American Dental Association Best Management Practices as required by the District?	
Copies of records showing facility name, address, date and amount of waste amalgam shipped during the calendar year.	____ Attached ____ Not Attached*

Were any leaks or plumbing changes identified during the year at the amalgam separator or immediately adjacent to the amalgam separator?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
A copy of all records of all maintenance and service completed on the amalgam separator.	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached*
* - Failure to maintain records or provide reports as required is a violation of the District Rules and Regulations and may result in enforcement, including the imposition of penalties.	

Comments/Notes: _____

“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 (print or type): _____

Signature: _____

Title: _____

Date: _____

<p>This form must be signed by the Authorized Representative of the Industrial User and submitted (by January 28) to:</p> <p style="text-align: center;">Security Sanitation District Pretreatment Department 231 Security Blvd. Security, Colorado 80911</p> <p><i>For any questions regarding this questionnaire, please contact the District's Pretreatment Department at 719-392-7844.</i></p>
