



**Regional
Water Quality
Control
Plant**

Operated by the City of Palo Alto for the East Palo Alto Sanitary District, Los Altos, Los Altos Hills, Mountain View, Palo Alto and Stanford

**Self-Certification of Amalgam Management Requirements
Return completed form by June 15, 2004**

SECTION 1 – BUSINESS NAME AND ADDRESS

Name of dental practice:	Phone Number:
Site address:	Mailing address (if different from site address):
Primary contact for amalgam waste issues: Name: _____ Title: _____	

SECTION 2 – EXEMPTION FOR DE MINIMUS AMALGAM USE

I certify this dental practice is exempt from the amalgam management requirements because amalgam fillings are removed or placed at this facility 3 or fewer days per year **and** this facility serves the following primary function:

() Orthodontics	() Oral pathology or oral medicine
() Periodontics	() Endodontics
() Oral and maxillofacial surgery	() Prosthodontics
() Radiology	

If you are an exempt dental practice, simply check the box above, sign page 2 of the form, and return. All other facilities, complete Sections 3 and 4 and sign the certification on page 2.

SECTION 3 – MANDATORY BEST MANAGEMENT PRACTICES FOR AMALGAM USE

I certify that this dental practice has implemented the following mandatory best management practices (BMPs):

- Does not rinse chairside traps, vacuum screens, or amalgam separator equipment in a sink or other sanitary sewer connection.
- Trains staff in the proper handling and disposal of amalgam materials and fixer-containing solutions; training records are available for inspection.
- Does not use bleach or other chlorine-containing disinfectants to disinfect the vacuum line system.
- Does not use bulk liquid mercury; uses only precapsulated dental amalgam.
- Stores amalgam waste in accordance with recycler or hauler instructions.

Name of amalgam recycler or hauler: _____

SECTION 4 – AMALGAM SEPARATOR EQUIPMENT

Please select one of the following categories:

<input type="checkbox"/>	<p>I certify that this dental practice will install an ISO 11143 certified amalgam separator device on or before March 31, 2005. It is understood that such a device must be certified by the ADA or other qualified testing laboratory to remove at least 95% of amalgam.</p> <p>I understand that once this equipment is installed, this dental practice is responsible for:</p> <ul style="list-style-type: none">• Submitting proof of certification and installation records to the City of Palo Alto within 30 days of installation.• Ensuring that the amalgam separator is maintained in accordance with manufacturer recommendations. Installation, certification, and maintenance records will be available for immediate inspection upon request during normal business hours.
<input type="checkbox"/>	<p>I certify that the vacuum lines from this dental practice are plumbed to another dental practice or to a shared building system and that the required amalgam separator equipment will be installed outside of this dental practice.</p> <p>The responsible party (e.g., name of landlord or other dental practice) for amalgam separator installation: _____</p> <p><i>Note:</i> Each dental practice is legally responsible for ensuring that an approved amalgam separator has been installed for a shared vacuum system.</p>
<input type="checkbox"/>	<p>This dental practice applies for a variance to the ISO-certified separator requirement, based on existing amalgam separator device or alternative treatment method. It is understood that variances are limited to those described in the ordinance and that if this request is denied, the facility will be required to install an ISO-certified separator.</p> <p>Existing amalgam separator / equivalent:</p> <p>Brand: _____ Model: _____ Date of installation: _____</p> <p>Frequency of waste pump-out or cartridge replacement: _____</p> <p>Attach (1) a photograph of the amalgam separator system, and (2) a diagram that includes the water flow direction, valves, location of amalgam collection, and clean-out location.</p>

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 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 _____

Return completed form to:

Amalgam Recovery Program, RWQCP, 2501 Embarcadero Way, Palo Alto, CA 94303