



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 Separator Installation

Return completed form within 30 days of installation

SECTION 1 – BUSINESS NAME AND ADDRESS

Name of dental practice:
Site address:

SECTION 2 – AMALGAM SEPARATOR EQUIPMENT

Manufacturer Name:
Equipment Model:
ISO Standard 11143 Certification Number:
Installation Date:
Maintenance Frequency:

CERTIFICATION

I certify under penalty of law that the information provided above fully describes the dental amalgam separator used by the dental practice at the present time.

I certify 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