



INDEPENDENCE

★ MUNICIPAL SERVICES ★

Dental Practice One-Time Compliance Report

General Information			
Facility Name:			
Business Address:			
Mailing Address:			
Facility Contact(s):			
Phone:		Email:	
Owner/Operator(s):			

Section A

Select all that Apply	
<input type="checkbox"/>	This practice places dental amalgam or removes dental amalgam and discharges to the publicly owned treatment works (POTW) and has been in practice prior to July 14, 2017. Subject to 40 CFR part 441 <i>Complete sections A, B, C, D, E and F</i>
<input type="checkbox"/>	Places amalgam
<input type="checkbox"/>	Removes amalgam
<input type="checkbox"/>	This practice does not place dental amalgam or remove dental amalgam, except in limited emergency, unplanned or unanticipated circumstances (estimated as less than 5%). Exempt from 40 CFR part 441 <i>Complete section F only</i>
<input type="checkbox"/>	This practice exclusively practices one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (<i>must follow best management practices for disposing of dental amalgam containing teeth</i>), orthodontics, periodontics, or removable prosthodontics (<i>fixed prosthodontics are not exempt</i>). Exempt from 40 CFR part 441 <i>Complete section F only</i>
<input type="checkbox"/>	The practice is a mobile dental unit. Exempt from 40 CFR part 441 <i>Complete section F only</i>
<input type="checkbox"/>	This practice is new as of July 14, 2017 and is immediately subject to the requirements of §441.30(a) and (b), including the reporting and recordkeeping requirements of §441.50. <i>Complete sections A, B, C, D, E and F</i>

Section B

Description of Facility	
Total number of chairs:	
Total number of chairs at which amalgam placement or removal occurs:	
Narrative description (optional)	

Section C

Description of Amalgam Separator or Equivalent Device				
<input type="checkbox"/>	This practice has installed one or more amalgam separators which meet ISO 11143 or equivalent devices that capture amalgam containing wastewater, with at least a 95% efficiency rating from the above identified chairs in Section A.			
<input type="checkbox"/>	This practice has one or more existing amalgam separators installed prior to June 14, 2017. I understand that it must be replaced with one or more ISO 11143 compliant amalgam separators or equivalent devices, after the manufacturer’s scheduled lifetime has ended or before June 14, 2027.			
<input type="checkbox"/>	This practice does not have any amalgam separators installed. I understand that I must have an amalgam separator(s) installed by July 20, 2020, which meets ISO 11143 or equivalent devices and achieves 95% removal efficiency and is properly sized for this dental facility.			
Make	Model	Year of installation	ISO 11143 compliant or equivalent Yes	Average removal efficiency of equivalent device, as determined per 40 CFR §441.30(a)(2)i-iii
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Section D

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device		
<input type="checkbox"/>	Yes	The amalgam separator (or equivalent device) is designed and operated and maintained in accordance with the manufacturer’s operating manual and meets the requirements listed in §441.30 or §441.40.
A third-party service provider is under contract with this practice to ensure proper operation and maintenance in accordance with §441.30 or §441.40.		
<input type="checkbox"/>	Yes	Name of Service provider:
<input type="checkbox"/>	No	If no, provide a description of the practice employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

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Section E

Best Management Practices (BMPs) Certification	
<input type="checkbox"/>	<p>This dental practice is implementing the following BMPs as specified in §441.30(b) and will continue to do so.</p> <ul style="list-style-type: none"> • Waste amalgam including, but not limited to: dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, is not discharged to a publicly owned treatment works (POTW) (e.g., municipal sewage system). • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the POTW must not be cleaned with oxidizing or acidic cleaners that may increase the leaching of solid mercury.

Section F

Record Keeping	
<input type="checkbox"/>	<p style="text-align: center;">Yes</p> <p>I am aware that this practice has reporting and recordkeeping requirements as specified in §441.50, and must maintain a copy of the “One-Time Compliance Report” and make available for inspection in either physical or electronic form.</p>
<input type="checkbox"/>	<p style="text-align: center;">Yes</p> <p>The following records will be maintained and made available for inspection, for a minimum of three (3) years in accordance with §441.50(b)1-5.</p> <ul style="list-style-type: none"> • Documentation of the date, person(s) conducting the inspection, and results of each inspection of the amalgam separator(s) or equivalent device(s), and a summary of follow-up actions, if needed. • Documentation of amalgam retaining container or equivalent container replacement, (including the date, as applicable). • Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers. • Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person making the repair or replacement, and the description of the repair or replacement (including make and model). • A manufacturers operating manual for the current devices must be maintain and made available for inspection upon request.
Transfer of Owner Ship	
<input type="checkbox"/>	<p style="text-align: center;">Yes</p> <p>I understand that if this practice changes ownership that the new owner must submit a new “One-Time Compliance Report” to the City of Independence, no later than 90 days after the transfer in accordance with §441.50(a)4.</p>

Signature Required

Section G

Certification Statement	
“I, _____, am a duly authorized representative 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 of knowing violations.” In accordance with the requirements of 40 CFR 403.12(1)	
Authorized Representative Signature:	
Authorized Representative Name Print	
Date	

*Please keep a copy of the completed form for your records and **return the original form back to the city of Independence – Municipal Services Department**, Attention: Josh Eis, 9600 Norledge Ave., Independence, MO 64053.*

If you have any questions regarding the completion of this form or the new EPA Amalgam Rule please contact Josh Eis, Environmental Compliance Manager at 816.325.7054 or at jeis@indepmo.org.

The following sources were used in the creation of this document and may be used as resources for additional information:

<https://www.epa.gov/eg/dental-effluent-guidelines>

<http://www.ada.org>