For SCCSD Use Only
DENTAL PRACTICE: _____
DATE RECEIVED: _____

Santa Cruz County Sanitation District

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

All dental dischargers are required to meet the Federal Dental Amalgam Rule requirements as contained in Title 40 of the Code of Federal Regulations (CFR), Part 403 & 441. In response to these requirements, all dental practices within the service area of Santa Cruz County Sanitation District are required to fill out and submit this One-Time Compliance Report (40 CFR 441.50(a)(1).

INSTRUCTIONS:

- **New** dental dischargers must fill out and submit this form ***before operations begin***.
- **Transfer of Ownership**: If a dental practice transfers ownership of the facility, the new owner must submit a new, one-time compliance report no later than **90 days after the official transfer date.**
- **Complete all applicable sections** of this report and submit the **original, signed** document to the address below, **no later than the start of business operations**:

Santa Cruz County Sanitation Operations
Attention: Environmental Compliance Program
2750 Lode Street
Santa Cruz, CA 95062

Note: As long as this dental facility is in operation, or until ownership is transferred, the One Time Compliance **Report must be retained on-site** in either physical or electronic form and **made available for inspection** to verify the information contained in this report.

For questions please contact Monica Tomlinson, Environmental Programs Coordinator, at (831) 477-3988, or email: Monica.Tomlinson@santacruzcounty.us.

SECTION 1 – BUSINESS NAMES AND ADDRESSES

NAME OF DENTAL PRACTICE:	
LEGAL NAME OF DENTAL PRACTICE:	
SITE ADDRESS OF DENTAL PRACTICE:	**MAILING ADDRESS:** (If different from site address)
CITY, STATE **ZIP CODE**	**CITY, STATE** **ZIP CODE**
TOTAL NUMBER OF CHAIRS: **NUMBER OF CHAIRS WITH AMALGAM:**	**DATE CURRENT OPERATION BEGAN:**

PRIMARY PERSON TO BE CONTACTED ABOUT THIS REPORT:	
NAME	**TITLE** ***(e.g., Dentist, Owner, Office Manager, Property Manager)***
MAILING ADDRESS (If different from site address)	**PHONE**
CITY, STATE **ZIP CODE**	**24-HOUR EMERGENCY PHONE (Optional)**
E-MAIL ADDRESS	**FAX NO.**
NAMES AND CONTACT NUMBER OF THE OPERATOR IF DIFFERENT FROM ABOVE	

LIST NAMES OF ALL DENTISTS PRACTICING AT THIS DENTAL PRACTICE		
Name	**# Days/Week**	**Days of the week on site? (Check all that apply)**
		☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su
		☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su
		☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su
		☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

If there are more dentists in this practice, please attach a separate list.

SECTION 2 – EXEMPTION FOR DE MINIMIS AMALGAM USE

Federal requirements do not apply to dental practices with specialty practices as listed below per 40 CFR 441.10. If you are seeking designation as an **EXEMPT** dental practice, check the applicable box(es) below to indicate all specialties that apply to your practice, **go to Section 5, sign and submit**.

☐ This practice serves the following primary function:

( ) Orthodontics ( ) Oral pathology ( ) Prosthodontics
( ) Periodontics ( ) Oral & maxillofacial radiology ( ) Oral & maxillofacial surgery

☐ Amalgam fillings are removed or placed at this facility only in limited emergency or unplanned, unanticipated circumstances. Include number of amalgam fillings that are removed or placed at this facility per calendar year_____.

☐ This is a mobile unit operated by a dental practice.

☐ This dental practice does not discharge any amalgam process wastewater to the Santa Cruz or Freedom County Sanitation District. Include method of disposal_____.

SECTION 3 – MANDATORY BEST MANAGEMENT PRACTICES (BMPs) CERTIFICATION

Dental practices are required to implement mandatory Best Management Practices (BMPs) for compliance per 40 CFR 441.30(b) or 40 CFR 441.40(b). Check the applicable boxes below to certify that this dental practice has implemented all BMPs.

☐ Eliminate all use of bulk elemental mercury (also referred to as liquid or raw mercury). Use only pre-capsulated dental amalgam in the smallest appropriate size.

☐ Change or empty chair-side traps frequently and store the trap and its contents with amalgam waste in amalgam waste containers. Never rinse traps in the sink. Store all amalgam in airtight containers.

☐ Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a wastewater treatment facility must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8.

☐ Change vacuum pump filters and screens as needed or as directed by the manufacturer and store them with amalgam waste. Store all amalgam in airtight containers.

☐ For dry vacuum turbine units, have a qualified maintenance technician, amalgam recycler, or hazardous waste disposal service pump out and clean the air-water separator tank.

☐ Have a licensed recycling contractor, mail-in-service, or hazardous waste hauler remove your amalgam waste. Here is a link to the American Dental Association's resources page on amalgam regulations: https://www.ada.org/resources/practice/legal-and-regulatory/amalgam

Amalgam waste includes:
a) Non-contact amalgam (scrap);
b) Contact amalgam (e.g. carving waste or extracted teeth containing amalgam);

c) Amalgam or amalgam sludge captured by chair-side traps, vacuum pump filters, screens, and other devices, including the traps, filters, and screens themselves;
d) Used, leaking or unusable amalgam capsules; and
e) Used amalgam separator canisters.

☐ Maintain written or computerized logs onsite of amalgam waste generated and of amalgam waste removal manifests from the vacuum system or plumbing.

☐ Separator is regularly inspected and maintained in accordance with the manufacturer's operating manual. Maintain written or computerized logs onsite of these inspection/maintenance dates.

☐ Train staff annually on proper handling, management, and disposal of mercury-containing material. Maintain a training log.

SECTION 4 – AMALGAM SEPARATOR INSTALLATION CERTIFICATION

Dental practices are required to remove dental amalgam solids from all amalgam process wastewater. Therefore, they are required to install, operate and maintain an approved (ANSI/ADA 108-2009/ ISO 11143-2008) amalgam separator to meet the requirements specified in 40 CFR 441.30 or 40 CFR 441.40. The installed amalgam **separator must be properly sized for the dental facility and attain 95% or more amalgam removal**, in accordance with the International Organization for Standardization's (ISO's) 11143-2008 standard. Please check the applicable box below:

☐ I certify that this dental practice has an *existing,* **approved** amalgam separator, currently installed which will be operated and maintained as required. I further acknowledge that the existing amalgam separator must be replaced by an approved amalgam separator after its useful life has ended and no later than July 14, 2027, whichever is sooner to meet requirements specified in 40 CFR 441.30 or 40 CFR 441.40.

☐ This dental practice has an *existing,* **unapproved** amalgam separator, currently installed which will be operated and maintained as required. The amalgam separator was installed in_____(year of installation). I understand that the existing amalgam separator must be replaced by an approved amalgam separator after its useful life has ended and no later than July 14, 2027, whichever is sooner to meet requirements specified in 40 CFR 441.30 or 40 CFR 441.40.

☐ 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. I understand that all dental practices sharing the same separator are equally responsible for proper functioning of the unit. The following party is taking responsibility of amalgam separator operation and maintenance for this dental practice.

The responsible party (e.g. name of landlord or other dental practice) for amalgam separator installation:
Name_____ Address_____
Phone_____ Email Address_____

Note: Each dental practice is legally responsible for ensuring that an approved amalgam separator has been installed for a shared vacuum system.

☐ I certify that this dental practice will install, operate and maintain as required, an ***approved*** amalgam separator (ANSI/ADA 108-2009/ ISO 11143-2008) by the submittal date required above. **Include copies of** the amalgam separator **purchase receipt, and proof** (plumbing picture documentation) **of installation with this form**.

Amalgam Separator Information
Manufacturer Name
Brand Name / Model
Date of installation (mm/dd/yyyy)
Vendor Name
Vendor Phone

SECTION 5 – CERTIFICATION STATEMENT

40 CFR § 441.50(a)(2) requires the One-Time Compliance Report to be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the Federal requirements of 40 CFR § 403.12(l).

"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(l) 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 for knowing violations."

CERTIFIED BY:

*Printed Name*_____ *Email*_____

*Title*_____ *Phone*_____

*Signature*_____ *Date*_____

*(Original, signed document must be mailed in, see **INSTRUCTIONS** above)*