

**Annual Dental Waste Certification of Compliance Form**

Facility Name: \_\_\_\_\_

Operator(s) and Owner(s) Name(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Practice Opened: \_\_\_\_\_ Type of Dentistry Practiced: \_\_\_\_\_

Total number of Chairs: \_\_\_\_\_

Total number of Chairs at which Dental amalgam may be present in resulting wastewater: \_\_\_\_\_

*If your dental practice does not place or remove amalgams and/or teeth containing amalgam fillings, except in limited circumstances, please complete the waiver request on page 3 and sign the Certification Statement.*

**Amalgam Separator(s) Information**

Amalgam Separator(s) Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Year of Amalgam Separator Installation: \_\_\_\_\_

Last date of maintenance and service completed on the amalgam separator: \_\_\_\_\_

Last date amalgam separator was routinely Inspected: \_\_\_\_\_

Last date amalgam retaining units (cartridges) were replaced: \_\_\_\_\_

<p><b>1 Installed amalgam separator meets the current standard for amalgam separators?</b> ANSI/ADA Standard No. 108 or ISO 11143.</p>	<input type="checkbox"/> Yes
<p><b>2 Amalgam separator(s) is appropriately sized for operation?</b></p>	<input type="checkbox"/> Yes
<p><b>3 All wastewater with potential to contain amalgam is connected and passes through the amalgam separator?</b></p>	<input type="checkbox"/> Yes
<p><b>4 Amalgam separator is inspected and maintained routinely?</b> (This is to ensure amalgam separators are in proper operation and repaired or replaced within 10 business days if a malfunction is discovered.)</p>	<input type="checkbox"/> Yes
<p><b>5 Amalgam retaining units (cartridges) are replaced routinely?</b></p>	<input type="checkbox"/> Yes
<p>If not checked, provide explanation:</p>	

**Oregon Dental Waste Best Management Practices** - All dental practices are required to annually certify that they are currently and will continue to be in compliance. With implementing these Best Management Practices.<sup>i</sup>

Check 'Yes' if you implement these Best Management Practice:

<p>1 <b>Do you use pre-capsulated alloys only?</b> (Do not put capsules in red biohazard)</p>	<input type="checkbox"/> Yes
<p>2 <b>Do you store and recycle non-contact amalgam?</b> (Scrap amalgam left over from a capsule not used in restoration, do not put in red biohazard)</p>	<input type="checkbox"/> Yes
<p>3 <b>Do you Store contact amalgam?</b> (traps, filters, gloves)</p>	<input type="checkbox"/> Yes
<p>4 <b>Do you Recycle/dispose of extracted teeth with amalgam in one of the following ways?</b></p> <ul style="list-style-type: none"> <li>- Disinfect and give to patient.</li> <li>- Amalgam recycler/disposal service. (store in sealed container following disinfection)</li> </ul> <p>(Extracted teeth <b>with amalgam</b>, do not put in the red biohazard or Sterilizer) (Extracted teeth <b>with NO amalgam</b> can be put in the red biohazard)</p>	<input type="checkbox"/> Yes
<p>5 <b>Do you use disposable chair side traps?</b> (Recycle traps accordingly. Handle chair-side traps as amalgam waste)</p>	<input type="checkbox"/> Yes
<p>6 <b>Do you replace screens, traps, and vacuum pump filters regularly?</b> (Do not rinse and re-use traps and filters. Handle traps and vacuum filters as amalgam waste)</p>	<input type="checkbox"/> Yes
<p>7 <b>Do you store amalgam waste in appropriate airtight and labeled containers?</b> (Do not place amalgam under Fixer. Store dry)</p>	<input type="checkbox"/> Yes
<p>8 <b>Do you recycle all amalgam waste through an amalgam recycler or a mercury collection event?</b> (Amalgam waste must not be discharged to the sanitary sewer)</p>	<input type="checkbox"/> Yes
<p>9 <b>Do you train staff members in amalgam spill clean-up procedures?</b></p>	<input type="checkbox"/> Yes
<p>10 <b>Do you recycle used lead foil?</b> (Do not give lead to patients, staff, or others. Due to health and safety concerns)</p>	<input type="checkbox"/> Yes
<p>11 <b>Do you use an X-ray fixer?</b> (Do not dump spent X-ray fixer down the drain. Maintain records of recycling waste manifest)</p>	<input type="checkbox"/> Yes
<p>12 <b>Do you use non-oxidizing line cleansers that do not contain bleach or chlorine?</b> (Line cleansers with bleach can dissolve mercury from amalgam particles in dental wastewater. See ODA's safe vacuum system cleansers list)</p>	<input type="checkbox"/> Yes
<p>If not checked, provide explanation:</p>	
<p><b>Do you have any amalgam, chemicals, or other dental waste in storage that you do not know how to properly dispose of?</b> (Provide explanation, so we may provide technical assistance)</p>	

**Record Keeping - Maintain records for 3 years.**

1. Do you maintain a record of amalgam off-site disposal (amalgam separator and waste scrap bucket) for up to three years? (including: date, name of permitted/licensed treatment, receiving facility, and amount shipped)	<input type="checkbox"/> Yes
2. Do you maintain a record of maintenance and service completed on the amalgam separator for up to three years?	<input type="checkbox"/> Yes
3. Is the last record of amalgam disposal attached with this compliance form?	<input type="checkbox"/> Yes
4. Is the last record of X-ray fixer recycling attached with this compliance form?	<input type="checkbox"/> Yes
If not checked, provide explanation:	
If using third party service provider, provide name and contact information:	

**Waiver Request –** To be eligible for a waiver from annual certification submittals, you must meet the following requirements:

- Do not place or remove dental amalgam except in limited emergency, unplanned, unanticipated circumstances and/or exclusively practice:
  - Oral pathology
  - Oral and maxillofacial radiology
  - Oral and maxillofacial surgery
  - Orthodontics
  - Periodontics
  - Prosthodontics

This facility requests a waiver from the annual dental waste certification process based on meeting the following waiver criteria: \_\_\_\_\_

Provide how extracted teeth containing amalgam are disposed of: \_\_\_\_\_

**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 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.*

**Initial that the last amalgam disposal receipt is attached with this compliance form.** Initial: \_\_\_\_\_

Name	Title
Signature	Date

Send the completed form and attached records to the City of Gresham address on the front of this form or email [Kyle.Williams@GreshamOregon.gov](mailto:Kyle.Williams@GreshamOregon.gov) by 31<sup>st</sup> of January. For inquiries, please email or call 503.618.2651.

<sup>i</sup> [GreshamOregon.gov/Mercury-Minimization](http://GreshamOregon.gov/Mercury-Minimization)