



Dental One-Time Compliance Report

SECTION A - GENERAL INFORMATION

1. Facility Information:

Name: _____

Address: _____

Phone #: _____

Emergency #: _____

2. Mailing Information:

Name: _____

Address: _____

3. Property Owner / Management Company:

Property Owner / Management Name(s): _____

Address: _____

4. Dental Office Operation: General Dentistry, Orthodontics, Dental Laboratory, Periodontics, etc (List Below).

Operation Type(s): _____

Days of Operation: Sun [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat []

Hours of Operation: _____

of Employees Onsite / Day: _____

5. Facility SIC or NAICS Code(s): Refer to your current business license

#1 _____ #2 _____ #3 _____ #4 _____

6. Name(s) of Dentists operating at this location:

#1 _____ #3 _____

#2 _____ #4 _____

SECTION B – PRETREATMENT EQUIPMENT

1. Dental Office Chairs:

Total # of Chairs: _____

of Chair with traps that capture dental amalgam: _____

2. X-Ray Operations:

Does this facility process X-Rays? Yes No

X-Ray Process Type: Digital Wet Process N/A

Silver Recovery Unit Installed? Yes No N/A

3. Plaster Traps:

Does this facility operate Plaster / Sediment traps? Yes No

of Plaster / Sediment Traps: _____ N/A

Service Frequency: _____ N/A

Location of Plaster / Sediment traps: _____ N/A

4. Amalgam Separator:

Does this facility have an equipped Amalgam Separator? Yes No

Year of Installation: _____ N/A

Make & Model: _____ N/A

Location of Unit: _____ N/A

Maintenance Frequency: _____ N/A

Description of Maintenance & Inspection Operations: _____

Service Company: _____ N/A

SECTION C – RULING APPLICABILITY

1. Select one of the following:

- This facility is a dental discharger subject to this rule ([40 CFR Part 441](#)) and places or removes dental amalgam. **Complete sections D and E. Skip Section F.**
- This facility is a dental discharger and (1) does not place dental amalgam, and (2) does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. **Skip section D and E. Complete Section F.**
- This facility is a dental discharger and has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by [§441.50\(a\)\(4\)](#). **Complete section E or F as applicable.**

SECTION D – BEST MANAGEMENT PRACTICES (BMPs)

- 1. If subject to the ruling and you handle mercury amalgam, select the BMPs that you certify are being implemented:
 - Waste amalgam including, but not limited to: dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, are not discharged to the sanitary sewer system as required by [§441.30\(b\)\(1\)](#)
 - Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the sanitary sewer system are not 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 as required by [§441.30\(b\)\(2\)](#)
 - Records containing the inspection dates, replacement dates, and maintenance activities of equipped amalgam separators, and amalgam waste hauling records, are kept onsite for a minimum of three (3) years as required by [§441.50\(b\)](#)
 - Maintain and operate an ISO 11143 certified amalgam separator or an alternative treatment device that achieves a 95% or greater removal efficiency for solids as required by [§441.30\(a\)](#)

SECTION E – CERTIFICATION STATEMENT (Facilities applicable to the ruling)

Per [§441.50\(a\)\(2\)](#), the One-Time Compliance Report must 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 requirements of [§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.”

Authorized Representative (Print)	Title
Authorized Representative (Signature)	Date

SECTION F – CERTIFICATION STATEMENT *(Facilities exempt from the ruling)*

Per [§441.50\(a\)\(2\)](#), the One-Time Compliance Report must 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 requirements of [§403.12\(l\)](#). Dental facilities exempt from the ruling due to limited exposure to dental amalgam must sign the following certification as per [§441.50\(a\)\(3\)\(i\)](#).

“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 facility does not place dental amalgam and does not remove amalgam except in limited circumstances. 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.”

_____	_____
Authorized Representative (Print)	Title
_____	_____
Authorized Representative (Signature)	Date

**THIS FORM MUST BE SUBMITTED IN HARDCOPY FORMAT WITH WET INK SIGNATURE
SUBMITTAL MAY BE MAILED TO THE FOLLOWING ADDRESS:**

**ATTN: INDUSTRIAL WASTE DIVISION
DRY CREEK WASTEWATER TREATMENT FACILITY
1800 BOOTH ROAD
ROSEVILLE, CA 95747**