Environmental Utilities
Wastewater Division
1800 Booth Road
Roseville, California 95747

One Time Compliance Report – Dental Office Category

FACILITY INFORMATION

A. Legal Business Name: _____
Ownership Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Limited Liability Corporation

B. Company Doing Business As (dba): _____
(e.g., general dentistry, oral pathology, oral & maxillofacial radiology, oral surgery, orthodontics, periodontics, prosthodontics)

C. Business Officers Names and Titles

Proprietors/Partners/Corporate Officers	Title or Position

D. Facility Location:

Address: _____ _____
(Street) (City) (State) (Zip)

Facility Contact Person: _____ Phone: (____) _____ Ext. _____

Title: _____

E. Facility Mailing Address:

Name: _____

Address: _____
(Street) (City) (State) (Zip)

F. Property Owner/Management Company:

Property Owner/Manager Name: _____

Address: _____
(Street) (City) (State) (Zip)

Attention Name: _____ Phone: (____) _____

APPLICABILITY: PLEASE 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 A, B, C, D, and E*
☐	This facility is a dental discharger subject to this rule and (1) does not place dental amalgam, and (2) does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. *Complete section E only & fill out the Exemption Form.*
(A*lso, select if applicable*) Transfer of Ownership (§ 441.50(a)(4))	
☐	This facility is a dental discharger subject to this rule (40 CFR Part 441), 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).

Section A. DESCRIPTION OF DENTAL OPERATIONS

A. Describe the dental operations being performed at the Dental Office:

_____

_____

_____

B. List the total number of chairs at the Dental Office:_____chair(s). List the total number of chairs at the Dental Office in which dental amalgam may be present in the resulting wastewater:_____chair(s).

Section B. DESCRIPTION OF AMALGAM SEPARATOR

A. Complete the information in the table below that best describes the amalgam separator used at the Dental Office.

Manufacturer Name:	
Brand Name / Model:	
Technology Utilized: (Check all that apply)	☐ Filtration ☐ Settlement ☐ Ion Exchange ☐ Centrifuge
Installation Date:	

B. Briefly describe the practices employed at the Dental Office for the proper operation and maintenance of the amalgam separator to ensure compliance with § 441.30 or § 441.40.

_____

_____

_____

Section C. BEST MANAGEMENT PRACTICES (BMP) CERTIFICATIONS

☐	The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 and will continue to do so. • Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system). • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) 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 (i.e., cleaners that may increase the dissolution of mercury).

Section D. LIST ALL DENTISTS

Name (Print First and Last)	Operating days / week	Which days of the week? (Circle all that apply)	Does the Dentist Remove or Place Amalgam
		S M T W Th F S	☐ Place ☐ Remove ☐ None
		S M T W Th F S	☐ Place ☐ Remove ☐ None
		S M T W Th F S	☐ Place ☐ Remove ☐ None
		S M T W Th F S	☐ Place ☐ Remove ☐ None

Section E. CERTIFICATION STATEMENT

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 Name *(print name):*	
Phone:	Email:
Authorized Representative Signature	*Date*