



City of Boulder Public Works

Dental Amalgam One-Time Compliance and Waiver Report

Facility Name: _____

Physical Address(s): _____

Mailing Address: _____

Contact Information (Name(s) of the operator(s) and owner(s))

| Representative(s) Name | Title | Phone | E-mail |
|------------------------|-------|-------|--------|
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Facility Applicability (initial one)

This facility is a dental discharger subject to Rule 11-3-9, B.R.C. 1981 and it places or removes dental amalgam. Yes: Initial _____

This facility is a dental discharger subject to Rule 11-3-9, B.R.C. 1981 and
(1) it does not place dental amalgam, and
(2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. Yes: Initial _____

Please complete the waiver request below and sign the Certification Statement.

Transfer of Ownership
This facility is a dental discharger subject to Rule 11-3-9, B.R.C. 1981 and it 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 the rule. Yes: Initial _____

Facility Description

Form of dentistry practiced: _____

Total number of chairs: _____

Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed): _____

Amalgam Separator

Dental practice has installed an ISO 11143 (or ANSI/ADA 108-2009) amalgam separator, or equivalent device, in accordance to Rule 11-3-9, B.R.C. 1981. Yes: Initial _____

Amalgam Separator Model: _____

Manufacturer: _____ Year installed: _____

Separator is maintained and inspected in accordance to manufacturer's instructions. Yes: Initial _____

Best Management Practices

1. 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 Boulder's wastewater collection system. Yes:
Initial _____
2. Dental unit wastewater lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to Boulder's wastewater collection 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. Yes:
Initial _____
3. Dental practice never disposes of amalgam waste to the sanitary sewer or in the garbage, infectious waste or biohazard containers. All amalgam waste is recycled as needed, or annually, whichever is greater. Yes:
Initial _____
Name and address of recycling service: _____

Record Keeping

Dental practices or an agent or representative of the dental practice must maintain and make available for inspection, in either physical or electronic form, for a minimum of three years:

1. 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. Yes:
Initial _____
2. Documentation of amalgam retaining container replacement (including the date, as applicable). Yes:
Initial _____
3. Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal, and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers. Yes:
Initial _____
4. Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person(s) making the repair or replacement, and a description of the repair or replacement (including make and model). Yes:
Initial _____
6. As long as a Dental practice subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One-Time Compliance Report and make it available for inspection in either physical or electronic form. Yes:
Initial _____

Waiver Request

Waivers are granted to dental practices which no dentist places or removes amalgams containing mercury and/or teeth containing mercury amalgams. Each request will be reviewed and your office will be contacted by the City or Boulder to ensure that the dental practice does not handle amalgam.

Falsification of records or violation could result in fines and imprisonment.

The dental practice of _____ does not place or remove amalgams or teeth containing mercury amalgams.

Request of waiver, please review.

Certification

"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 Rule 11-3-9, B.R.C. 1981 of the above named dental facility, and certify that 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."

Printed Name

Signature

Title

Date

Please mail a completed form to: City of Boulder, IPT c/o Dental Program, 4049 75th Street, Boulder, CO 80301. Please call 303-413-7363 with any questions.