CITY OF BOULDER
PUBLIC WORKS/UTILITIES

Water Quality and Environmental Services

boulderwater.net

Dental Amalgam Management Compliance and Waiver Form

Title 11 Chapter 3, B.R.C. 1981

Please mail a completed form to: City of Boulder, IPT c/o Dental Program, 4049 75th Street, Boulder, CO 80301. Forms are due annually by February 15th. Please call 303-413-7350 with any questions.

Business Name: _____

Facility Address(s): _____

Mailing Address: _____

Contact Information (Please list all dentists that practice at this facility)

Representative(s) Name	Title	Phone	E-mail

Form of Dentistry Practiced: _____

If your business does not place or remove amalgams and/or teeth containing amalgam fillings and/or you were granted a waiver in the past, please complete the waiver request, sign the Certification Statement and return to the above address.

Best Management Practices: All dental practices are required to certify that they have implemented and are currently in compliance with best management practices outlined in **Rule Title 11, Chp. 3, B.R.C. 1981**. BMP self-certification compliance forms must be returned annually by February 15th.

1. Equipment: All dental chairs are equipped with chair-side traps and vacuum pumps are equipped with secondary filters, in accordance to and maintained by manufacturer's instructions. — Yes: ☐ Initial_____
2. Clean up procedures: Only non-oxidizing, non-chlorine disinfectants and neutral line cleaners are used when cleaning lines that service amalgam related practices. — Yes: ☐ Initial_____
3. Clean up procedures: When cleaning traps and filters, dental practice does not rinse over the drain. All wastewater produced by practices involving amalgams is flushed through amalgam separator. — Yes: ☐ Initial_____
4. Salvaging: All amalgam waste, including contact and non-contact is stored in structurally sound container that is properly labeled "Amalgam Waste for Recycling". — Yes: ☐ Initial_____
5. Recycling: All bulk mercury has been recycled. — Yes: ☐ Initial_____
6. Disposal: Dental practice never disposes of amalgam waste in the garbage, infectious waste or biohazard containers. All amalgam waste is recycled annually. — Yes: ☐ Initial_____
   Name and address of recycling service: _____
   _____

Amalgam Separator

Dental practice has installed an ISO 11143 amalgam separator in accordance to Rule 11-1-3, B.R.C. 1981. Yes: ☐ Initial_____

Amalgam Separator Model:

_____

Manufacturer:

_____

All wastewater that may contain amalgam particles passes through the amalgam separator. Yes: ☐ Initial_____

Separator is maintained in accordance to manufacturer's instructions, and waste is emptied routinely. Yes: ☐ Initial_____

Record Keeping

Dental practice maintains records of amalgam disposal including: date, facility name and address, and the amount shipped. Yes: ☐ Initial_____

Dental practice also records all maintenance and service completed on the amalgam separator. Yes: ☐ Initial_____

All records are kept on site for a minimum of three years, and are available to the city of Boulder upon request. 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.

Form of Dentistry: _____

☐ Existing waiver, please renew. ☐ Request of waiver, please review.

Certification

"I 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."

_____

Typed or Printed Name Signature

_____

Title Date

Office use only

Date received:

Completed: Y N

Waiver Y N