



DENTAL DISCHARGER → ONE-TIME COMPLIANCE REPORT

Submit one compliance report for each site. There is no fee. Please answer all questions. Use additional pages, if needed. Contact the Industrial Pretreatment Coordinator at (360) 487-7130 with questions.

Send the completed report to: City of Vancouver

Industrial Pretreatment Program

PO Box 1995

Vancouver, WA 98668-1995 OR Fax to (360) 487-7139

SECTION A – ADMINISTRATIVE INFORMATION

BUSINESS NAME:

NAME OF OWNER(S) AND OPERATOR(S):

ADDRESS OF DENTAL OFFICE:

BUSINESS MAILING ADDRESS (IF DIFFERENT):

Site Address

Mailing Address

City, State Zip Code

City, State Zip Code

PRIMARY CONTACT PERSON:

Name

Title (e.g., Owner, Dental Assistant, Hygienist, Office Manager)

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Telephone No.

E-Mail Address

SECONDARY CONTACT PERSON (Optional):

Name

Title (e.g., Owner, Dental Assistant, Hygienist, Office Manager)

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Telephone No.

E-Mail Address

SECTION B – BUSINESS INFORMATION

1. IS YOUR OFFICE CONNECTED TO A SEPTIC SYTEM?

YES

NO

2. IS YOUR OFFICE SERVED BY CITY OF VANCOUVER SANITARY SEWERS?

YES

NO If no, provide sanitary sewer provider name: _____

3. WHAT TYPE OF X-RAY DOES YOUR OFFICE USE? (FILM OR DIGITAL)

NONE

DIGITAL

FILM

IF FILM: How do you dispose of your X-ray waste? _____

4. WHAT TYPE OF STERILANT DO YOU USE?

Non-Chemical Sterilant (e.g., steam or dry heat) Cold Sterilants

5. IF YOUR OFFICE USES COLD STERILANTS, DOES THE PRODUCT CONTAIN ANY OF THE FOLLOWING ACTIVE INGREDIENTS?

Glutaraldehyde Ortho-Phthalaldehyde (OPA) Formaldehyde Other _____

6. SELECT ONE OF THE FOLLOWING BUSINESS DESCRIPTIONS.

- This practice is a dental discharger as it places or removes dental amalgam. (Complete All Sections)
 This practice is a dental discharger and does not place dental amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. (Go to Section D – Sign and Return)

(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))

- This practice is a dental discharger subject to this rule (40 CFR 441) and it has previously submitted a One-Time Compliance Report. This practice is submitting a new One-Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4).

7. PROVIDE A DESCRIPTION OF THE FACILITY.

Total number of chairs: _____

Total number of chairs at which amalgam placement or removal occurs: _____

Narrative Description (Optional): _____

YES NO The facility discharged amalgam wastewater prior to July 14, 2017 under any ownership.

8. DOES YOUR OFFICE USE AN AMALGAM SEPARATOR?

YES (Go to Question 9) NO (Go to Section D – Sign and Return)

9. PROVIDE AMALGAM SEPARATOR OR EQUIVALENT DEVICE INFORMATION. (Check all that apply)

- My facility has installed one or more ISO 11143 or ANSI/ADA 108-2009 compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste from the following number of chairs at which amalgam placement or removal may occur [**Number of Chairs:** _____].

Make	Model	Year of Installation	(Provide for Equivalent Devices Only) § 441.30(a)(2)i-iii Removal Efficiency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- My facility has one or more existing amalgam separators that is NOT ISO 11143 or ANSI/ADA 108-2009 compliant (and is not considered an equivalent device) and was installed prior to June 14, 2017 at the following number of chairs at which amalgam placement or removal may occur [**Number of Chairs:** _____].

I understand that such separators must be replaced with one or more ISO 11143 or ANSI/ADA 108-2009 compliant amalgam separators (or equivalent devices) after its useful lifetime has ended, and no later than June 14, 2027, whichever is sooner.

Make: _____ Model: _____ Year of Installation: _____

Make: _____ Model: _____ Year of Installation: _____

Make: _____ Model: _____ Year of Installation: _____

10. DOES YOUR OFFICE CONTRACT WITH A THIRD-PARTY SERVICE PROVIDER TO MAINTAIN YOUR AMALGAM SEPARATOR(S) OR EQUIVALENT DEVICE(S)?

YES If yes, provide service provider name: _____

NO If no, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30 or 441.40.

11. WHAT TYPE OF LINE CLEANER DOES YOUR OFFICE USE? (Check all that apply)

- Isopropanol/Ethanol
- Product contains Bleach or Chlorine
- Formaldehyde
- Glutaraldehyde
- Other (Specify name or type of cleaner used) _____

SECTION C – BEST MANAGEMENT PRACTICE - OPERATION & MAINTENANCE CERTIFICATIONS

BEST MANAGEMENT PRACTICE (BMP) CERTIFICATION

The named dental discharger is implementing the following best management practices as specified in 40 CFR 441.30(b) or 441.40(b) 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, is not discharged to the City of Vancouver sanitary sewer system.
- Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater 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 SU or greater than 8 SU (i.e. cleaners that may increase the dissolution of mercury).

- Yes
- No

OPERATION AND MAINTENANCE (O&M) CERTIFICATION

The amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 40 CFR 441.30 or 441.40?

- Yes
- No

SECTION D – GENERAL CERTIFICATION

I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or duly authorized representative in accordance with the requirements of 40 CFR 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.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Transfer of Ownership Note:

If a dental discharger transfers ownership of the facility, the new owner must submit a new One-Time Compliance Certification Report to the City of Vancouver Industrial Pretreatment Program no later than 90 days after the transfer.

Compliance Report and Record Retention Period Notes:

As long as a Dental Discharger subject to this part is in operation, or until ownership is transferred, the Dental Discharger or an agent or representative of the dental discharger must maintain the One-Time Compliance Report and make it available for inspection in either physical or electronic form.

Dental Dischargers or an agent or representative of the dental discharger 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.
2. Documentation of amalgam retaining container or equivalent container replacement (including the date, as applicable).
3. Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers.
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).
5. Dischargers or an agent or representative of the dental discharger must maintain and make available for inspection in either physical or electronic form the manufacturers operating manual for the current device.