



Narragansett Bay Commission
One-Time Compliance Report for Dental Facilities
40CFR441.50 Dental Point Source Category

The United States Environmental Protection Agency (EPA) finalized the Dental Point Source Category (40CFR441) on July 14, 2017. This form must be completed under 40CFR441.50, which requires all dental facilities to complete and submit a one-time compliance report to the local Pretreatment Program.

Practice Name: _____

Premise Address: _____

Mailing Address: _____

List all dentists affiliated with this practice:

Name:	Email address:
_____	_____
_____	_____
_____	_____
_____	_____

Primary Contact for Practice: Name: _____
Email Address: _____
Phone Number: _____

Type(s) of Dentistry Performed:

General Dentistry	Yes _____	No _____
Orthodontics	Yes _____	No _____
Periodontics	Yes _____	No _____
Endodontics	Yes _____	No _____
Prosthodontics	Yes _____	No _____
Oral and Maxillofacial Surgery	Yes _____	No _____
Other (please detail)	_____	

This practice began operations prior to July 14, 2017 Yes _____ No _____

This practice places and/or removes dental amalgam on a regular or an infrequent basis:
Yes _____ No _____

An ISO 11143 (or ANSI/ADA 108-2009) certified amalgam separator (or equivalent device) has been installed to capture amalgam bearing waste streams. Yes _____ No _____

Please provide the make and model of the amalgam separator:

Make: _____ Model: _____

Date the amalgam separator was installed: _____

An equivalent device has been installed at the facility: Yes _____ No _____

Please provide the make and model of the equivalent device:

Make: _____ Model: _____

Date the device was installed: _____

How many chairs are at this facility? _____

How many chairs are connected to the amalgam separator or equivalent device? _____

How many sinks (used for instrument washing) are connected to the amalgam separator or equivalent device? _____

I certify the amalgam separator or equivalent device is designed and is being properly maintained and operated in accordance with NBC Best Management Practices. Yes _____ No _____

Maintenance is performed by onsite personnel: Yes _____ No _____

If yes, describe operation and maintenance procedures:

A vendor has been contracted to operate and maintain the amalgam separator or equivalent: Yes _____ No _____

If yes, provide the contact person, company name, address and phone number of your vendor:

If the amalgam separator or equivalent device that is presently installed needs to be replaced, an amalgam separator or equivalent device meeting the requirements of the NBC Best Management Practices for the Management of Waste Dental Amalgam (NBC BMP) as well as 40CFR441.30(a)(1) or 40CFR441.30(a)(2) must be installed. The amalgam separator must be ISO 11143 certified with a 99% removal rate or equivalent device must be installed.

The dental practice complies with the best management practices outlined in the NBC BMP and 40CFR441.30(b) or 40CFR441.40. These best management practices include but are not limited to:

- Waste amalgam including but not limited to dental amalgam from chair side traps, screen, vacuum pumps, filters, dental tools, cuspidors, or collection devices is strictly prohibited from being discharged to the sewer system.
- Elemental mercury is strictly prohibited from being discharged to the sewer system.
- All equipment that comes in contact with amalgam must be operated and maintained in accordance with manufacturers specifications.
- Equipment coming in contact with amalgam, including piping, 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 6.0 standard units (su) or greater than 8.0 su. These types of cleaners may increase the dissolution of mercury.

Certification Statement

As per 40CFR441.50(a)(2) this one-time compliance report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental practice is a partnership or sole proprietorship, or a duly authorized representative in accordance with 40CFR403.12(l).

I am a responsible corporate officer, a general partner or proprietor (if the dental practice is a partnership or sole proprietorship), or a duly authorized representative in accordance with 40CFR403.12(l) of the above named dental practice, 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 Agent:

Print Name

Signature

Phone Number

Email Address

Date: _____

This One-Time Compliance Report must be maintained onsite and be available for review, either in physical or electronic form, during inspections as long as this dental practice is in operation or until there is a change in ownership.