



COMPLIANCE REPORT FOR DENTAL INDUSTRIAL USER, (DIU)

Section A – Facility Information

Practice Name: _____
Facility Address: _____ Zip Code: _____
Mailing Address: _____ Zip Code: _____
Facility phone number: _____ FAX: _____

Name, title, email and numbers of Owners and Operators.

Name: _____ Title: _____

Email: _____ Telephone: _____

Name: _____ Title: _____

Email: _____ Telephone: _____

Name: _____ Title: _____

Email: _____ Telephone: _____

Section B – Exemptions

If your practice **does not** discharge wastewater that may contain mercury amalgam, initial the statement that is true for your facility.

1. _____ The above named facility **does not** place or remove dental amalgam, *except in limited emergency or unplanned, unanticipated circumstances.*

What percentage of procedures are limited emergency, unplanned, unanticipated circumstances a year? _____% About how many a year: _____

Explain: _____

2. _____ The above named dental facility exclusively practices one or more of the following dental specialties (**Check all that apply**):

- | | | |
|---|---|---|
| <input type="checkbox"/> Oral pathology | <input type="checkbox"/> Oral and maxillofacial radiology | <input type="checkbox"/> Oral and maxillofacial surgery |
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Periodontics | <input type="checkbox"/> prosthodontics. |

3. _____ The above named dental facility operates as a Lab only.

Type of lab: _____

Signature _____ **Date:** _____



Section C- Amalgam Separator Requirements

Do you have amalgam separators installed and operational at your facility? Yes No

Are the amalgam separators listed below certified under the ISO 11143 Standard? Yes No

Total number of chairs at facility: _____

Number of chairs with amalgam waste: _____

Number of Separators: _____

1. Manufacturer: _____
Model: _____
Date of Installation: _____

2. Manufacturer: _____
Model: _____
Date of Installation: _____

3. Manufacturer: _____
Model: _____
Date of Installation: _____

4. Manufacturer: _____
Model: _____
Date of Installation: _____

Certification of Inspection: The above named dental facility operates and maintains amalgam separators in accordance with all manufacturer’s instructions, including regular inspections of separators and waste disposal practices. *Please provide written record of inspection and disposal practices.*

Signature: _____ **Date:** _____

Section D – Best Management Practices, BMP Requirements

Certification of BMP’s: The above named dental facility has implemented written policies and procedures as follows:

- A prohibition of the discharge of waste amalgam to the sewer system.
- A prohibition of the use of oxidizing and acidic cleaning products on plumbing fixtures and lines that convey amalgam wastes.

Or Please provide written record of policies and procedures of BMP’s that meet the EPA regulation 40 CFR 441.50.

Signature: _____ **Date:** _____



Section E – Other

How is the Separator maintained?

By Facility Staff Third Party Contractor

If Third party contractor, company name: _____

Address: _____ Phone number: _____

If facility staff maintains amalgam separator(s), please provide description of practices that ensure proper operation and maintenance of amalgam separator(s):

Section F – Certification Statement

“I certify under penalty of law, that this document and all of its attachments were prepared under my direction or supervision. Based on my inquiry of the person or persons who manage the system, or directly responsible for gathering the information, that this information included in this report is true, accurate and complete, to the best of my knowledge. I am aware that there are significant penalties for submittal of false information.”

Signature of Authorized Representative

Date

NOTE: An authorized company representative must sign this section, whether or not the company discharged process wastewater. Failure to sign this section will be viewed as an incomplete report and may be in violation of certain provisions of Section 309(a) of the Clean Water Act, 40 CFR 441.

Please provide documentation of proper disposal of amalgam waste including manifest and/or shipping records, and please return all 3 pages of this report to the office address listed below.