

1333 N.W. Eastman Parkway | Gresham, OR 97030

**Dental Waste Best Management Practices
Annual Certification of Compliance Statement**

Facility Name: _____

Operator(s) and Owner(s) Name(s): _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Date Practice Started: _____

Form of Dentistry Practiced: _____

_____ Total number of Chairs

_____ Total number of Chairs at which Dental amalgam may be present in resulting wastewater

If your dental practice does not place or remove amalgams and/or teeth containing amalgam fillings except in limited circumstances, please complete the waiver request on page 3 and sign the Certification Statement.

Amalgam Separator(s) Information

Amalgam Separator(s) Manufacturer:	
Model:	Year of Installation:
<input type="checkbox"/> Yes	1 Amalgam separators meet the current standard for amalgam separators ANSI/ADA Standard No. 108 or ISO 11143.
<input type="checkbox"/> Yes	2 All wastewater with potential to contain amalgam passes through an appropriately sized amalgam separator.
<input type="checkbox"/> Yes	3 Amalgam separators are inspected and maintained to ensure proper operation. Amalgam separators are repaired or replaced within 10 business days, if a malfunction is discovered.
<input type="checkbox"/> Yes	4 Amalgam retaining units are replaced routinely.
If No, provide explanation:	

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Oregon Dental Waste Best Management Practices All dental practices are required to annually certify that they are currently and will continue to be in compliance with implementing these Best Management Practices.ⁱ

Check 'Yes' if you implement this Best Management Practice:	
<input type="checkbox"/> Yes	1 Use pre-capsulated alloys only (do not put capsules in red bag).
<input type="checkbox"/> Yes	2 Salvage, store and recycle non-contact amalgam (amalgam left over from a capsule not used in restoration).
<input type="checkbox"/> Yes	3 Recycle/dispose of extracted teeth with amalgam in one of the following ways: <ul style="list-style-type: none"> a. Disinfect (in bleach) and give to patient. b. Check with amalgam recycler/disposal services to see if they will accept teeth (store in sealed container following disinfection). <p style="text-align: center;">DO NOT PUT EXTRACTED TEETH WITH AMALGAM IN THE RED BAG!</p> <p style="text-align: center;">DO NOT PUT EXTRACTED TEETH WITH AMALGAM IN THE STERILIZER!</p>
<input type="checkbox"/> Yes	4 Extracted teeth with no amalgam can be put in the red bag.
<input type="checkbox"/> Yes	5 Use disposable chair side traps only. Recycle traps.
<input type="checkbox"/> Yes	6 Replace screens, traps, and vacuum pump filters regularly – do not rinse and re-use traps and filters.
<input type="checkbox"/> Yes	7 Handle chair-side traps and vacuum filters as amalgam waste .
<input type="checkbox"/> Yes	8 Store amalgam wastes in separate airtight, labeled containers . <p style="text-align: center;">DO NOT PLACE AMALGAM UNDER FIXER! STORE DRY!</p>
<input type="checkbox"/> Yes	9 Recycle all amalgam waste through an amalgam recycler or a Mercury collection event . <i>Waste amalgam must not be discharged to the sanitary sewer.</i> ⁱⁱ
<input type="checkbox"/> Yes	10 Train staff members in mercury/amalgam spill clean-up procedures .
<input type="checkbox"/> Yes	11 Recycle used lead foil (Due to potential liability, we do not recommend giving lead to patients, staff or others).
<input type="checkbox"/> Yes	12 DO NOT dump spent X-ray fixer down the drain. Recover and recycle. Maintain records of recycling.
<input type="checkbox"/> Yes	13 Line cleansers with bleach can dissolve mercury from amalgam particles in dental wastewater. Use non-oxidizing line cleansers that do not contain bleach or chlorine. See ODA's Safe Vacuum System Cleansers list (attached).
If No, provide explanation:	

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Record Keeping

Dental practice maintains records for 3 years of:	
<input type="checkbox"/> Yes	1 Dental practice records amalgam off-site disposal including: date, name of permitted/licensed treatment, receiving facility, and amount shipped.
<input type="checkbox"/> Yes	2 Dental practice records all maintenance and service completed on the amalgam separator.
<input type="checkbox"/> Yes	3 Record of amalgam disposal (for amalgam separator and waste scrap bucket) is attached to this form and submitted to the City of Gresham.
<input type="checkbox"/> Yes	4 Record of X-ray fixer recycling is attached to this form and submitted to the City of Gresham.
If No, provide explanation:	
If using 3 rd party service provider, provide name and contact information:	

Waiver Request

The dental practice of _____ does not place or remove amalgam.

How are extracted teeth containing amalgam disposed of? _____

Please sign Certification Statement.

Certification

I 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.

Name _____ Title _____
 Signature _____ Date _____

Send the completed form and records to the City of Gresham address on the front of this form or email to Rachel.Allen@GreshamOregon.gov by January 31. For inquiries, please email or call 503.618.2634.

ⁱ GreshamOregon.gov/Mercury-Minimization

ⁱⁱ Italicized emphasis added.