

**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
to Comply with 40 CFR 441.50
Effluent Limitations Guidelines and Standards for the Dental Office Category**

Instructions:

The following contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (“Federal Dental Amalgam Rule”). The dental facilities that are required to submit a one-time compliance report are: Dental offices, including large institutions such as dental schools and clinics, where dentistry is practiced. It does not apply to mobile units or offices where the practice of dentistry consists only of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, prosthodontics or any facility that does not place or remove dental amalgam. **For transfer of ownership of facility:** New owner must submit a form identifying that facility has been transferred. This option can only be utilized if the facility physical location has remained the same. Other changes to the facility name, mailing address, or operator names should be updated.

Note to dental facilities: Complete this form to comply with the Federal Dental Amalgam Rule and submit to State of Vermont Department of Environmental Conservation, Waste Management and Prevention Division, Mercury Program, 1 National Life Drive, Davis 1, Montpelier, VT 05620. Submission of this form does not exempt the facility from the state amalgam biannual self-certification reporting requirements for Vermont nor does it replace the federal requirement for a dental facility to retain a copy of this form as required by record retention requirements (see Section F). Questions regarding the completion of this form, call (802) 522-5736 or email karen.knaebel@vermont.gov.

General Information

Name of Facility				PRACTICE ID#	
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address					
City:		State:		Zip:	
Facility Contact					
Phone:		Email:			
Names of Owner(s): (previous owner if being completed for transfer of ownership)					
Names of Operator(s): (i.e., dentists practicing in this Facility that would be placing or removing amalgams). List full name and credential designation for each operator. (Attach additional pages if necessary.)					

Applicability: Please Select One of the Following

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>Complete sections A, B, C, D, E, F and G</i>
(Only, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	
<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4) . PREVIOUS OWNER'S NAME:

Section A

Description of Facility

Total number of chairs:	
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):	

Section B

Description of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	The dental facility has installed prior to June 14, 2017, one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (i.e., have a minimum of 95% capture rate as also required by VT law) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:	<i>Chairs:</i>
<input type="checkbox"/>	The dental facility is a new dental facility and installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separator(s) after June 14, 2017 at the following number of chairs at which amalgam placement or removal may occur.	<i>Chairs:</i>
	Make	Model
		Year of installation

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40 .	
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	

<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .
<i>Describe practices:</i>		

Section D

Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 and will continue to do so.</p> <ul style="list-style-type: none"> • Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system) or septic tank. • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) or septic system 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 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).
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Section E

Certification Statement

<p>Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(l).</p>			
<p><i>"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 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."</i></p>			
Authorized Representative Name (print name):			
Phone:		Email:	
Authorized Representative Signature		Date	

Section F

Retention Period; per [§ 441.50\(a\)\(5\)](#)

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

Section G

Recordkeeping; per [§ 441.50\(b\)\(1\)-\(5\)](#) (choose one)

<input type="checkbox"/>	YES	I certify that the above named dental discharger is implementing and maintaining the following recordkeeping requirements in a visual log and must make available for inspection in either physical or electronic form, for a minimum of three years: <ol style="list-style-type: none">1) Documentation of the date, person(s) conducting the inspection, results of inspection and summary of follow-up actions.2) Documentation of container replacement and dates of replacement according to the manufacturer’s maintenance manual.3) Documentation of all dates that dental amalgam is picked up or shipped for proper disposal 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 amalgam separator, including dates, person(s) making repair or replacement and a description (including make and model).5) Physical or electronic manufacturers operating manual for the current device. -OR
<input type="checkbox"/>	YES	I certify that a third-party service provider is under contract with this facility to ensure proper recordkeeping requirements as specified § 441.50(b)(1)-(5) the items listed above and must maintain and make available for inspection in either physical or electronic form, for a minimum of three years.