ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
Required by Federal Rules at 40 CFR Part 441

Please answer all questions and use additional pages if needed. A completed report is required for each location. There is no fee. Contact the Pretreatment Coordinator at (360) 993-8833 with questions.

Keep a copy of the completed report for your records, and send the signed original to:

Alliance Pretreatment Coordinator
PO Box 8979
Vancouver, WA 98668

General Information

Name of Facility					
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address (if different)					
City:		State:		Zip:	
Facility Contact					
Phone:		Email:			
Names of Owner(s):					
Names of other / additional Dentist(s):					

Applicability: Please Select One or The Other:

☐	This dental facility is a dental discharger subject to this rule (40 CFR Part 441), and it places or removes dental amalgam. (*Complete sections A, B, C, D, and E)*
☐	This dental facility does not place dental amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. (*Complete section E only)*
Type of report: New facility, Transfer of Ownership, or Existing Facility – Select One (§ 441.50)	
☐	This facility is submitting this Compliance Report because it began business after July 14, 2017.
☐	This facility is submitting this Compliance Report because it changed owners after July 14, 2017.
☐	This facility is submitting this Compliance Report in compliance with the October 12, 2020, deadline.

Section A - Description of Facility:

Total number of chairs:		
Number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):		
YES ☐	NO ☐	The facility discharged amalgam process wastewater to a sewer utility prior to July 14th, 2017 (under any ownership).

1. 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?

2. WHAT TYPE OF STERILANT DO YOU USE?

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

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

☐ Glutaraldehyde ☐ Ortho-Phthalaldehyde (OPA) ☐ Formaldehyde

☐ Other:

Section B - Description of Amalgam Separator or Equivalent Device

☐	This facility has installed one or more ISO 11143:2008 (or ANSI/ADA 108-2009) compliant amalgam separators that capture all amalgam containing waste for the listed number of chairs at which amalgam placement or removal may occur:	*Device #:* *Device #:* *Device #:*
☐	This facility installed, prior to June 14, 2017, one or more amalgam separators that met applicable standards when installed (e.g. ISO 11143:1999), but do not meet the above criteria. These devices capture the amalgam wastes from the listed number of chairs at which amalgam placement or removal may occur. ☐ *I understand such separators may continue to be used for up to ten years but must be replaced with amalgam separators that meet the new criteria by June 14, 2027 (ref. § 441.30(a)(1) or § 441.30(a)(2)), or after their useful life has ended (whichever is sooner).*	*Device #:* *Device #:* *Device #:*
☐	This facility operates one or more "equivalent devices". ☐ I certify that the listed devices satisfy the requirements of §441.30(a)(1)(i) and (ii). (note at right the average removal efficiency of each equivalent device, as determined per § 441.30(a)(2)i- iii)	*Device #:* *Efficiency%:* *Device #:* *Efficiency%:*

Details of Devices #'s Referenced above:

#	Make	Model	# of Chairs Connected	Year of installation
1				
2				
3				
4				
5				

Section C - Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

☐	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.	
Is 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.			
☐	IF YES	Provide name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
☐	IF NO	If none, describe below the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40.	
Describe practices:			
☐	YES	I understand that per 40 CFR 441.50(b) I or my agent or representative must keep the following maintenance records for three years in either physical or electronic form and make these available for inspection by Ecology and the POTW (sanitary sewer provider) for this facility: (1) For each separator or equivalent device: The dates the device was inspected, the person(s) conducting the inspection, and what the inspection found, including any needed follow-up actions. (2) Dates when an amalgam retaining container was replaced. (3) Dates when dental amalgam wastes were collected or shipped for proper disposal, the company receiving the amalgam retaining containers, and the HW manifest if one was generated. (4) Details of any repair or replacement of an amalgam separator (or equivalent device) including the date, person(s) doing the work, the repair, and make and model of any new device. (5) The manufacturers operating manual for each amalgam separator device in use (physical or electronic form)	
☐	YES	I understand that while in business, until ownership is transferred, I must keep a copy of this report at the dental facility and make it available for inspection. **§ 441.50(a)(5)**	

Section D - Best Management Practices (BMP) Certifications

☐	I certify that this facility Is implementing the following best management practices and will continue to do so: (ref: § 441.30(b) and § 441.40) 1) We ensure no waste amalgam is discharged to the sanitary sewer (e.g. from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices) and 2) We ensure cleaners used for water lines, chair side traps, and vacuum lines connected to the amalgam separator are not oxidizing or acidic including beach, chlorine, iodine, and peroxide with a pH below 6 or above 8 (i.e. cleaners that may increase the dissolution of mercury).

Section E - Certification Statement

"I am a responsible corporate officer (for corporations), or a general partner, proprietor, or duly authorized representative (for partnerships or sole proprietorships). 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 of Corporate Officer, General Partner, Proprietor, or Authorized Representative attesting to the above statement *(print):*			
Phone:		Email:	
Signature of Named Representative (above)		*Date: (above)*	

Clarifications:

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer (for corporations), a general partner, proprietor, or duly authorized representative (if the dental facility is a partnership or sole proprietorship) as defined per § 403.12(l)).

"Responsible Corporate Officer" means: (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or a person who performs similar policy- or decision-making functions for the corporation, or (ii) The facility manager or environmental manager when empowered to gather and attest to accuracy of information and where authority to sign documents has been assigned or delegated to them according to corporate procedures.

"Duly authorized representative" means the representative of the owner or general partner where: (i) The authorization is made in writing by the owner or general partner and specifies the individual or position responsible for the overall operation of the facility from which the Dental Discharge originates, or having overall responsibility for environmental matters; and (ii) the written authorization is submitted to the Control Authority with the One-Time Compliance Report (attach *.pdf file to electronic filing).

For subsequent reports from Dental Dischargers required within 90-days after a change of ownership (40 CFR 441.50(a)(4)): If a change of ownership report is submitted by a "duly authorized representative", the representative must meet the definition above AND a new written authorization must be sent by attachment (by *.pdf format electronically) with the report.

***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 the One Time Compliance Report and make it available for inspection in either physical or electronic form.

Use for the **Appointment of Duly Authorized Representative by Dental Dischargers**:

As an owner or general partner with the authority to make the appointment of a duly authorized representative, I delegate, effective until revoked or (date), the authority in the below named individual to submit reports required under the Clean Water Act and implementing state and local rules.

Name of Owner or General Partner:	
Name of Duly Authorized Representative:	
Signature of Owner or General Partner:	

Signature of Representative (optional signature for use in validating future reports):	

Discovery Clean Water Alliance
Industrial Pretreatment Program
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