



**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS  
(40 CFR 441)**

**Instructions:**

The following form contains the minimum information that dental facilities must submit in a one-time compliance report as required by the Dental Amalgam Rule.

Fill out the form and sign it. Retain the original and return a copy to:

Idaho Department of Environmental Quality

Attn: Terry Alber, IPDES Biosolids/Pretreatment Analyst

• 1410 North Hilton Street • Boise ID 83706

**General Information**

Name of Facility					
Physical Address of Dental Facility (check here if physical address is the SAME as owner's home address)					
City:		State:		Zip:	
Mailing Address					
City:		State:		Zip:	
Facility Contact					
Phone:		Email:			
Names of Owner(s):					
Names of Operator(s) if different from Owner(s):					

**Applicability: Please Select One of the Following**

<input type="checkbox"/>	This facility is a dental discharger subject to this rule _____ and it places or removes dental amalgam. <i>Complete sections A, B, C, D, and E</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i>
<b>(Also, select if applicable) Transfer of Ownership</b>	
<input type="checkbox"/>	This facility is a dental discharger subject to this rule _____, 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 _____.
	Date on which facility ownership was transferred: _____

**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**

	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:	<i>Chairs:</i>	
	The dental facility installed one or more existing amalgam separators prior to June 14, 2017 that do not meet the requirements of _____ at the following number of chairs at which amalgam placement or removal may occur: I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of _____ or _____ after their useful life has ended, and no later than June 14, 2027, whichever is sooner.	<i>Chairs:</i>	
<b>Make</b>	<b>Model</b>	<b>Year of installation</b>	
My facility operates an equivalent device.			
<b>Make</b>	<b>Model</b>	<b>Year of installation</b>	<b>Average removal efficiency of equivalent device, as determined per</b>

**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 _____ or _____.		
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with _____ or _____.			
YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):		
NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with _____ or _____.		
<i>Describe practices:</i>			

**Section D - Best Management Practices (BMP) Certifications**

	<p>The above-named dental discharger is implementing the following BMPs as specified in _____ or § _____ and will continue to do so.</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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) 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).</li> </ul>
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**Section E - Certification Statement**

<p>Per _____, 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 _____.</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:	
<p><i>Authorized Representative Signature</i></p>			
_____		_____	
Electronic Signature	<b>OR</b>	Print and Sign	
Date:			

**Retention Period; per**

<p>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 this one-time compliance report and make it available for inspection in either physical or electronic form.</p>
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