



Self-Certification of Amalgam Management Requirements

Return completed form within 30 days of receiving the form

SECTION 1 – BUSINESS NAME AND ADDRESS

Name of dental practice:	Phone Number:
Site address:	Mailing address (if different from site address):
Primary contact for amalgam waste issues: Name: _____ Title: _____	

SECTION 2 – EXEMPTION FOR DE MINIMIS AMALGAM USE

<input type="checkbox"/>	I certify this dental practice is exempt from the amalgam management requirements because amalgam fillings are removed or placed at this facility 3 or fewer days per year and this facility serves the following primary function: () Orthodontics () Periodontics () Oral and maxillofacial surgery () Radiology () Oral pathology or oral medicine () Endodontics () Prosthodontics
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If you claim to be an exempt dental practice, check the box above, sign the certification on page 3 of the form, and return.

All other facilities complete Sections 3 and 4 and sign the certification on page 3.

SECTION 3 – MANDATORY BEST MANAGEMENT PRACTICES FOR AMALGAM USE

<input type="checkbox"/>	I certify that this dental practice has implemented the following mandatory best management practices (BMPs): 1. Segregate amalgam containing waste. Amalgam waste must never be placed in the regular trash, placed with infectious (red bag) waste, or flushed down the drain or toilet. 2. Eliminate all use of bulk elemental mercury (also referred to as liquid or raw mercury). Any bulk elemental mercury must be recycled or disposed of as hazardous waste. 3. Use only pre-capsulated dental amalgam in the smallest appropriate size; keep a variety of amalgam capsules on hand to more closely match the amount needed in a restoration.
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4. Change or empty chair-side traps frequently and store the trap and its contents with amalgam waste. Never rinse traps in the sink. If you have reusable traps, make sure any material you use to clean the trap is disposed of with amalgam waste.
5. Do not use sodium hypochlorite (bleach) and other chlorine-containing products to cleanse vacuum lines, as these products have been shown to release the mercury in the amalgam. Information on non-bleach line cleaners can be found at www.baywise.org/business/dental-office-resources/.
6. Change vacuum pump filters and screens as needed or as directed by the manufacturer. Seal and store filters and screen, as well as their contents (including any water that may be present), with amalgam waste in an airtight container.
7. For dry vacuum turbine units, have a qualified maintenance technician, licensed amalgam recycler or hazardous waste disposal service pump out and clean the air-water separator tank at least once per six months. Perform this service more frequently if necessary to maintain suction or if so directed by the vacuum system manufacturer.
8. Have a licensed recycling contractor, mail-in service, or hazardous waste hauler remove your amalgam wastes. Recycling is the preferred method for disposal of amalgam wastes.
9. Obtain receipts or other documentation from your recycler or hazardous waste hauler of all amalgam waste recycling and disposal shipments. Keep these receipts on file for at least five years, and make them available to authorized City inspectors upon request.
10. Store amalgam waste in airtight containers. Follow recycler's or hauler's instructions for disinfection of waste and separation of contact and non-contact amalgam. Do not use disinfectant solutions with oxidizers, such as bleach, to disinfect the amalgam.
11. Use a licensed hauler to transport spent x-ray fixer solution to be recycled or managed as hazardous waste. Never pour fixer solution down the drain.
12. Train staff in the proper handling, management, and disposal of mercury-containing material and fixer solutions. Maintain a training log and keep this log for at least five years. This log must be made available to authorized City inspectors upon request.

Name of amalgam recycler or hauler: _____

SECTION 4 – AMALGAM SEPARATOR EQUIPMENT

Please select one of the following categories:

- | | |
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| <input type="checkbox"/> | I certify that this dental practice will install an ISO 11143 certified amalgam separator device within 90 days prior to discharge to the sanitary sewer. It is understood that such a device must be |
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certified by the ADA or other qualified testing laboratory to remove at least 95% of amalgam. A list of approved amalgam separators is posted on the City of Hayward website for reference and also at www.baywise.org.

I understand that once this equipment is installed, this dental practice is responsible for:

- Submitting proof of certification and installation records to the City of Hayward within 30 days of installation.
- Ensuring that the amalgam separator is maintained in accordance with manufacturer recommendations. Installation, certification, and maintenance records will be available for immediate inspection upon request during normal business hours.

I certify that the vacuum lines from this dental practice are plumbed to another dental practice or to a shared building system and that the required amalgam separator equipment will be installed outside of this dental practice.

The responsible party (e.g., name of landlord or other dental practice) for amalgam separator operations: _____

Note: Each dental practice is legally responsible for ensuring that an approved amalgam separator has been installed for a shared vacuum system.

This dental practice applies for a variance to the ISO-certified separator requirement, based on existing amalgam separator device or alternative treatment method. It is understood that variances are limited to those described in the ordinance and that if this request is denied, the facility will be required to install an ISO-certified separator. Existing amalgam separator / equivalent:

Brand: _____ Model: _____ Date of installation: _____

Frequency of waste pump-out or cartridge replacement: _____

Attach (1) a photograph of the amalgam separator system, and (2) a diagram that includes the water flow direction, valves, location of amalgam collection, and clean-out location.

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 ensure 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.

Printed Name _____

Title _____

Signature _____

Date _____

Return completed form to:

City of Hayward, Water Pollution Source Control, 24499 Soto Road, Hayward, CA 94544
Phone: (510) 881-7900, Fax: (510) 881-7903 or email at wpsc.staff@hayward-ca.gov