



Self-Certification of Amalgam Separator Installation
Return completed form within 30 days of installation
(Installation is due 90 days prior to discharge to the sanitary sewer)

SECTION 1 – BUSINESS NAME AND ADDRESS

Name of dental practice:
Site address:

SECTION 2 – AMALGAM SEPARATOR EQUIPMENT

Manufacturer Name:
Equipment Model:
ISO Standard 11143 Certification Number:
Installation Date:
Maintenance Frequency:

CERTIFICATION

I certify under penalty of law that the information provided above fully describes the dental amalgam separator used by the dental practice at the present time.

I certify 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