



Dental Practice Inventory and Certification City of Henderson

450 East Galleria Drive, Building USSB
P.O. Box 95050 (MSC#814)
Henderson, NV 89009-5050
Phone 702-267-2603 Fax 702-267-2651
Email COHPT@cityofhenderson.com

In accordance with federal, state and local regulations all dental dischargers are required to complete and submit this form. Attach additional page(s) if more space is required. Return the completed form to City of Henderson, P.O. Box 95050, Attention Pretreatment - MSC 814, Henderson, NV 89009-5050. The completed form is due by:

- Existing Source (initial discharge to the city's POTW occurred on or before July 14, 2017) – form due by July 14, 2020
- New Source (initial discharge to the city's POTW occurs after July 14, 2017) – form due 90 days following the introduction of wastewater into a POTW

Section 1 – Identifying Information

Practice Name: _____
(include any alternate names)

Physical Address: _____

(Address) (City) (State) (Zip)

Mailing Address: _____

(Address) (City) (State) (Zip)

Telephone: _____ Fax: _____

E-mail Address: _____

Responsible Official: _____ Title: _____

Alternate Contact: _____ Title: _____

Date practice was established: _____ Number of employees: _____

Hours of Operation: Sun. _____ Mon. _____ Tues. _____ Wed. _____
Thur. _____ Fri. _____ Sat. _____

List Dentists in the practice:
(Include name and City of Henderson Business License number)

Type of Dental Practice (select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Prosthodontics |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Cosmetic |
| <input type="checkbox"/> Oral and Maxillofacial Surgery | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Oral and Maxillofacial Radiology | <input type="checkbox"/> Periodontics | |

Does the practice operate at any other locations? Yes No If yes, please submit separate form for each location

Section 2 – Imaging/Xray

(select all that apply)

What X-ray technology is used?

- Radiography
- Electronic/Digital Imaging
- No x-rays used on site

Does your practice have a silver recovery unit?

- Yes No

How is spent fixer disposed?

- No fixer is used/disposed
- Pour down drain
- Trash
- Other (describe) _____
- Recycle (name of service) _____

Who is responsible for handling/disposing fixer waste?

- N/A
- Dentist
- Hygienist
- Assistant
- Other office staff (title) _____
- 3rd Party (name of company) _____

How is x-ray lead foil disposed?

- No lead foil is used/disposed
- Biohazard "red bag"
- Trash
- Other (describe) _____
- Recycle (name of service) _____

How many gallons of fixer are used per month/year to process radiographs on site?

Section 3 – §441 Exemption

Please check the appropriate box (Check all that apply)

<p>The facility identified above exclusively practices one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.</p> <p><input type="checkbox"/> 441.10 (c) ¹</p>	<p>The facility identified above is a mobile unit operated by a dental discharger.</p> <p><input type="checkbox"/> 441.10 (d) ¹</p>	<p>The facility identified above does not discharge any amalgam process wastewater to the sewer system, but collect all dental amalgam process wastewater for transfer off-site to a facility that treats the waste (like a Centralized Waste Treatment Facility).</p> <p><input type="checkbox"/> 441.10 (e) ^{1,2}</p>	<p>The facility identified above is a Dental Discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and I certify that this facility is exempt from any further requirements of 40 CFR 441, other than this One-Time Compliance Report.</p> <p><input type="checkbox"/> 441.10 (f) ^{1,3}</p>	<p>There are no exemptions identified in §441 that apply</p> <p><input type="checkbox"/> No exemption⁴</p>
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- ¹ If dental practice is exempt from §441, please skip ahead to section 6.
- ² Few practices will qualify for this exemption. Practices claiming this exemption are strictly prohibited from discharging process wastewater to the POTW. If the practice has an amalgam separator, which is connected to the sanitary sewer, the practice does not qualify for this exemption.
- ³ Practices that install or remove amalgam fillings (even in limited numbers) do not qualify for this exemption. If you feel this exemption applies, please contact Pretreatment to discuss further.
- ⁴ Dental practices that are not exempt must utilize and maintain an approved amalgam separator and implement specific BMPs (identified in section 5).

Section 4 – Dental Amalgam

(Check all that apply. If a question does not apply, please indicate NA)

Does your practice install and/or remove dental amalgam?
 Yes No

On average, how many amalgam fillings are removed per day/month/year? _____

Number of chairs at which dental amalgam may be present?

On average, how many amalgam fillings are placed per day/month/year? _____

Does your practice use bulk mercury or precapsulated dental amalgam for amalgam restorations?
 Capsules Bulk materials NA

How are unused portions of amalgam disposed?

- NA
- Biohazard "red bag"
- Trash
- Rinse down drain
- Stored in spent fixer
- Other (describe) _____
- Recycle (name of service) _____

How are amalgam particles, recovered from the vacuum system, disposed?

- NA
- Biohazard "red bag"
- Trash
- Rinse down drain
- Stored in spent fixer
- Other (describe) _____
- Recycle (name of service) _____

Does your practice have an amalgam separator?

Yes No

Year installed _____

Make/Model _____

Is the separator ISO 11143 compliant?

Yes No

Who inspects/maintains the separator?

- NA
- Dentist
- Hygienist
- Assistant
- Other office staff (title) _____
- 3rd Party (name of company) _____

Who is responsible for amalgam waste disposal?

- NA
- Dentist
- Hygienist
- Assistant
- Other office staff (title) _____
- 3rd Party (name of company) _____

Who inspects/maintains chairside traps?

- NA
- Dentist
- Hygienist
- Assistant
- Other office staff (title) _____
- 3rd Party (name of company) _____

Provide a brief description of the inspection and maintenance activities performed (including the frequency), to ensure proper operation and maintenance of the amalgam separator, in accordance with units operation and maintenance manual.

SECTION 5 - CERTIFICATION

Please certify the practice is in compliance with the following §441 regulation requirements. Please note that if the practice is subject to the §441 regulations, but is not in compliance, a detailed compliance plan is required. The compliance plan must identify specific actions that will be executed in order to achieve and maintain compliance along with specific dates said actions will be completed.

- Practice utilizes an amalgam separator(s) or equivalent device that is designed, operated, and maintained in accordance with the requirements specified in §441.30 or §441.40 Yes No
- Practice implements the following Best Management Practices (BMPs) Yes No

Do	Don't
Use precapsulated alloys (variety of sizes)	Use bulk mercury
Recycle used disposable amalgam capsules	Dispose of amalgam capsules in biohazard containers, infectious waste containers, or regular garbage
Salvage, store, and recycle waste/scrap amalgam	Discharge waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices to the POTW
Use chair-side traps, vacuum pump filters, and amalgam separators to retain and recycle amalgam	Allow rinse water containing amalgam to flow directly to sewer
Recycle teeth that contain amalgam restorations	Dispose extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers, or regular garbage
Use line cleaners that minimize dissolution of amalgam.	Clean dental equipment 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

SECTION 6 - SIGNATURE

I certify under penalty of law this document and all attachments were prepared under my direction or supervision. Based on my inquiry, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Responsible Official* (*Signature*)

Responsible Official (*Title*)

Responsible Official (*Print Name*)

Date

** Form must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental discharger is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of §403.12(l)*

FOR OFFICE USE ONLY

Date Received:	Comments:
Facility ID No.:	

Additional Information and Records Retention Requirements

- Dental Dischargers must maintain and make available for inspection in either physical or electronic form the following records:
 - One-Time Compliance Report (Retention - As long as a Dental Discharger subject to this part is in operation, or until ownership is transferred)
 - The manufacturers operating manual for the amalgam separator. (Retention - As long as a Dental Discharger subject to this part is in operation, or until ownership is transferred)
 - Documentation of amalgam separator inspection, to include the date, person conducting the inspection, results of each inspection, and a summary of follow-up actions (if needed). (Retention - Minimum of 3 years)
 - Documentation of amalgam retaining container or equivalent container replacement (Retention - Minimum of 3 years)
 - Manifest for each load of dental amalgam waste disposed, in accordance with 40 CFR 261.5(g)(3). The manifest must include the date, name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers. (Retention - Minimum of 3 years)
 - Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person(s) making the repair or replacement, and a description of the repair or replacement (including make and model). (Retention - Minimum of 3 years)
- If a Dental Discharger transfers ownership of the facility, the new owner must submit a new One-Time Compliance Report no later than 90 days after the transfer.