



CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory

6543 N Burlington Avenue, Bldg 217, Portland, Oregon 97203 ■ Nick Fish, Commissioner ■ Michael Jordan, Director

Initial Dental Practice Compliance Certification

Dental Practice Name:

Facility Address:

Date Facility Opened:

Facility Contact:

Contact Phone:

Contact email Address:

Names of all dentists at this practice:

Does your facility only use pre-capsulated alloys for amalgam fillings?	Yes	No
Is all amalgam waste recycled?	Yes	No
Are extracted teeth recycled with amalgam waste or returned to patient?	Yes	No
Do you use disposable chair side traps?	Yes	No
Do you replace screens, traps, vacuum pump filters, rather than rinse and reuse?	Yes	No
Do you treat chair-side traps and vacuum pump filters as amalgam waste?	Yes	No
Does all wastewater with the potential to contain amalgam pass through the amalgam separator?	Yes	No
Is your amalgam separator maintained according to the manufactures instructions?	Yes	No
Do you maintain records of amalgam disposal with dates and quantity shipped?	Yes	No
Do you keep maintenance and service records for you amalgam separator?	Yes	No

Please provide an explanation below for all the above questions that were answered no.

Amalgam Separator Model: _____

Manufacturer: _____

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Best Management Practices (BMPs):

1. Treat all amalgam wastewater through properly-sized amalgam separator(s), certified to remove at least 95% of total mercury solids, in accordance with ISO 11143.
2. Inspect the amalgam separator(s), at a minimum, once per month to ensure proper operation and confirm that there is no by-pass of the treatment system.
3. Repair or replace defective amalgam removal equipment / components according to the manufacturer's instructions.
4. Regularly maintain the amalgam separator(s) by replacing retaining cartridges, separator canisters, filters, and/or other treatment units annually, or whenever the unit reaches the manufacturer's design capacity, whichever comes first.
5. Collect scrap amalgam from chair-side traps, screens, vacuum pump filters, dental tools, and/or other collection devices for off-site disposal. *Scrap amalgam must not be flushed down the drain.*

Waiver Request:

Waivers will be granted to dental facilities that do not place, remove, or handle amalgam.

The dental practice, _____ does not place or remove amalgam.

Dental Practice Name

Extracted teeth containing amalgam are disposed of:

Please Explain

Certification:

I certify under penalty of law that I have followed the best management practices listed in Sections B and C of the *Dental Practice Wastewater Discharge Authorization*, and 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.

Signature: _____

Date: _____

Email completed form to:
DentalAmalgam@portlandoregon.gov
Retain a signed copy for your records.