



CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory

6543 N Burlington Avenue, Bldg 217, Portland, Oregon 97203 ■ Amanda Fritz, Commissioner ■ Michael Jordan, Director

Annual Best Management Practices Certification To be submitted each year by **October 15th**

Facility Name: _____

Facility Address: _____

Facility Contact: _____

Contact Phone: _____

Contact Email Address: _____

Facility Changes

Please answer the following questions regarding the previous year.

1. Has your facility expanded operations or increased the number of chairs?	Yes	No
2. Has your facility added new amalgam separator(s)? If yes, answer question 3.	Yes	No
3. The new amalgam separator(s) is certified to remove at least 95% of total amalgam solids, in accordance with ISO 11143 (or ANSI/ADA 108-2009) or an equivalent device.?	Yes	No

Required Best Management Practices (BMP) Compliance:

1. Treat all amalgam wastewater through properly sized amalgam separator(s), certified to remove at least 95% of total amalgam solids, in accordance with ISO 11143 (or ANSI/ADA 108-2009) or an equivalent device.	Yes	No
2. Inspect the amalgam separator(s), at a minimum, once per month to: <ul style="list-style-type: none"> • Ensure proper operation and maintenance and confirm all amalgam process wastewater is flowing through treatment components, and there is no by-pass. 	Yes	No
3. Repair or replace defective amalgam removal equipment /components no later than ten business days once malfunction is discovered, and in accordance with the manufacturer's instructions.	Yes	No
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.	Yes	No
5. Collect scrap amalgam from chair-side traps, screens, vacuum pump filters, dental tools, and/or other collection devices for proper off-site disposal.	Yes	No
6. Do not clean dental wastewater lines, chair-side traps, etc. with oxidizing or acidic cleaning agents, including but not limited to bleach, chlorine, iodine, and peroxide that have a pH < 6 or > 8 SU.	Yes	No
7. Maintain a log documenting all activity pertaining to management of dental amalgam waste, traps, filters, and amalgam separators.	Yes	No

If checked no, please explain:

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 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.

Printed Name: _____ **Title:**
Signature: _____ **Date:**

Mail completed report to:

Dental Amalgam ADCM
Water Pollution Control Lab
6543 N Burlington Ave
Portland, OR 97203-5452

Or email to: DentalAmalgam@portlandoregon.gov.

Go to www.portlandoregon.gov/bes/article/650295 for more information.