

ONE-TIME COMPLIANCE REPORT
FOR DENTAL DISCHARGERS

Instructions: Please complete all applicable sections of this form. Additional space for further descriptions is provided on the last page of this form. If insufficient space is available to address any item, please include attachments of the additional information.

General Information

Company Name (Must be identical to the name registered with the Arkansas Secretary of State)					
Mailing Address					
City:		State:		Zip Code:	
Facility Address (If the physical address of the facility is different from the above address)					
City:		State:		Zip Code:	
Facility Contact					
Phone:		E-mail:			
Owner(s) Name					
Operator(s) Name (If different from the Owner)					

Applicability (Please select one of the following)

<input type="checkbox"/>	This facility is a dental discharger that places or removes dental amalgam and discharges any amalgam process wastewater to a publicly owned treatment works. <i>Complete Sections A, B, C, D and E</i>
<input type="checkbox"/>	This facility is a dental discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete Section E only</i>

Transfer of Ownership (Please select if applicable)

<input type="checkbox"/>	This facility is a dental discharger subject to this federal regulation, and it has previously submitted a One-Time Compliance Report. This facility is submitting a new One-Time Compliance Report due to a transfer of ownership.
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Section A – Description of Facility

Total number of chairs:		
Total number of chairs at which amalgam may be placed or removed:		
Description of any amalgam separator(s) or equivalent device(s) currently operated:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14, 2017 under any ownership.

Section B – Description of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam-containing waste at the following number of chairs at which amalgam placement or removal may occur:	Chairs:
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of §441.30(a)(1)(i) and (ii) at the following numbers of chairs at which amalgam placement or removal may occur: I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of §441.30(a)(1) or §441.30(a)(2), after their useful life has ended, and no later than June 14, 2027, whichever is sooner.	Chairs:
	Make	Model
		Year of Installation
<input type="checkbox"/>	This facility operates an equivalent device.	
	Make	Model
		Year of Installation
		Average Removal Efficiency¹ of Equivalent Device

¹ As determined per §441.30(a)(2)(i)-(iii).

Section C – Design, Operation and Maintenance of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in §441.30 or §441.40.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.
If yes, provide the name of the third-party service provider (e.g., Company Name) that maintains the amalgam separator or equivalent device:		
If no, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40:		

Section D – Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as specified in §441.30(b) or §441.40 and will continue to do so.</p> <ul style="list-style-type: none"> • Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system). • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works must not be cleaned 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 (i.e., cleaners that may increase the dissolution of mercury).
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Section E – Certification Statement

Per §441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of 40 CFR §403.12(l).

“I am a responsible corporate officer, a general partner or proprietor (if the dental facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of 40 CFR §403.12(l) of the above named dental facility, and 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.”

Authorized Representative Name (print name) and Official Title

Phone:		E-mail:	
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Authorized Representative Signature	Date
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Retention Period (per §441.50(a)(5))

As long as a dental facility subject to this federal regulation is in operation, or until ownership is transferred, the dental facility or an agent or representative of the dental facility must maintain this One-Time Compliance Report and make it available for inspection in either physical or electronic form.

Additional information may be included below.

A large, empty rectangular box with a thin black border, occupying the majority of the page below the text. It is intended for providing additional information related to the dental office point source.