

DENTAL PRACTICE INFORMATION

Name of Dental Practice: _____

Permit Number: _____

The information provided on this form will aid City of Livermore in determining which dentists work in partnership/association in the above named dental practice. One permit will be in effect for the dental practice.

Complete the tables below. Attach an additional page if more space is required. Return the signed form, along with the completed *Dental Facilities Self-Certification* and *CDA's Waste Management Guide Review Self-Certification* forms, by _____.

Dental Practice Service Address	
Dental Practice Mailing Address	
Dental Practice Contact	Telephone Number

List of Dentists in Dental Practice
1.
2.
3.
4.
5.
6.

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 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.

NAME

TITLE

SIGNATURE

DATE

DENTAL FACILITIES SELF-CERTIFICATION

Name of Dental Practice: _____

Permit Number: _____

This form requires the permit holder to provide information on the above named dental practice's management of amalgam waste and spent x-ray processing solution.

Complete the table below. A response is required on all statements. Refer to the attached *California Dental Association's Waste Management Practices* for supplemental information. Return the signed form, along with the *Dental Practice Information and Waste Management Practices Review Self-Certification* forms, by _____.

Dental Practice Information	Yes	No	NA
Number of operatories: 1 , 2, 3, 4, __			
Amalgam fillings are removed from patients' teeth			
Amalgam fillings are placed in patients' teeth			
X-ray developer/fixer solutions are utilized			
Spent Fixer is treated and discharged to the sanitary sewer (If yes, may need a Photo WWDP)			
Spent Fixer is shipped off-site for disposal			
Waste Hauler: _____ Last Date Off-hauled: _____ (Check manifests)			
Pretreatment Equipment	Yes	No	NA
ISO Certified amalgam separator has been installed			
<u>The frequency of amalgam separator maintenance shall reflect the manufactures requirements</u>			
Maint. Company/Waste Hauler: _____ Maint/Cleaning Frequency: _____			
Last Date Cleaned: _____ Amt. Removed / Year: _____ (Check manifests)			
Best Management Practices	Yes	No	NA
Pre-measured amalgam capsules are used to discourage amalgam residual and waste			
Are chair-side traps and vacuum filters disposable?			
Are chair-side traps and filters are reusable?			
Empty and clean chair-side traps at least once a week. <u>(Flush vacuum system first)</u>			
If <u>not</u> disposable; clean the chair-side traps & vacuum pump filters away from sinks and drains connected to the sanitary sewer			
Change vacuum pump filters and screens at least monthly			
P-traps have been removed and amalgam waste placed into amalgam waste container			
Recycle the waste in the designated contact amalgam container			
Avoid using bleach and other chlorine-containing products when cleansing the vacuum system- it speeds up the release of mercury from the amalgam.			

Best Management Practices (cont.)	Yes	No	NA
Contact amalgam waste (e.g. amalgam waste from chair-side traps and vacuum filters, extracted teeth containing amalgam, amalgam-contaminated gauze/cotton rolls, used disposable chair-side/cuspidor traps and vacuum filters) is stored in a designated air-tight container away from sinks and drains connected to the sanitary sewer. Do not add water or bleach to the container.			
Amalgam waste is recycled in accordance with federal, state, and local regulations. (Not disposed of in "red bags" or trash.) Waste Hauler: _____ Last Date Off-hauled: _____ Amount Off-hauled Per Year: _____ (Check manifests)			
Non-contact (scrap) amalgam waste and spent amalgam capsules stored in a designated sealed container away from sinks and drains connected to the sanitary sewer			
Glutaraldehyde - or formaldehyde-based cold sterilization chemicals are neutralized before discharging to the sink or are picked up as hazardous waste			
All waste manifests for amalgam, silver, and glutaraldehyde - or formaldehyde-based cold sterilization chemicals are maintained for 5 years			
Staff Training	Yes	No	NA
An amalgam/mercury spill procedure has been developed and adopted			
Staff is trained on the proper handling, storage, and disposal of amalgam/mercury product and waste			
Staff is trained on how to clean up mercury spills			
Staff is trained on the potential health and environmental risks of mercury			
A staff training log is maintained for 5 years (<i>recommended</i>)			

I certify under penalty of law that the information provided above fully describes conditions at the facility at the present time. 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 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.

Name

Title

Signature

Date

CDA Waste Management Guide Review Self-Certification

Name of Dental Practice: _____

Permit Number: _____

CDA Waste Management Guide (enclosed with permit)

Dental Facility Staff must review the CDA Waste Management Guide enclosed with the Dental Pollution Prevention Permit. This form, indicating that your facility's staff have reviewed this document, shall be signed and returned along with the *Dental Practice Information* and the *Dental Facilities Self-Certification* forms by

_____.

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 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.

NAME

TITLE

SIGNATURE

DATE