



# CITY OF PORTLAND ENVIRONMENTAL SERVICES



Water Pollution Control Laboratory

6543 N Burlington Ave, Bldg 217, Portland, Oregon 97203 ■ Mingus Mapps, Commissioner ■ Dawn Uchiyama, Interim Director

## INITIAL COMPLIANCE REPORT FOR DENTAL DISCHARGERS

### Instructions:

The City of Portland requires the submittal of this initial compliance report to comply with Chapter 40 of the Code of Federal Regulations part 441 (40 CFR 441).

Some facilities are exempt from this Rule and can be found in [the applicability section \(§ 441.10\) of the rule](#). **All dental facilities are required to complete, sign, and submit this certification form to the City of Portland.**

Sections to Complete.

Section A – all recipients of this form must complete this section.

Check one of the following and complete the indicated sections.

	<p>This dental service facility is a discharger subject to this rule (<a href="#">40 CFR Part 441</a>) and places or removes dental amalgam. <b>Complete sections C, D, E, F &amp; H</b></p>
	<p>This dental service facility does not place or remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances or as defined in <a href="#">§ 441.10(c-f)</a> <b>Complete section B (Exemption Declaration) &amp; H only</b></p>
<p><b>Transfer of ownership (<a href="#">§ 441.50(a)(4)</a>) (Select if applicable)</b></p>	
	<p>This facility is a dental discharger subject to this rule (<a href="#">40 CFR Part 441</a>), and has previously submitted a compliance certification. This facility is submitting a new certification due to a transfer of ownership as required by <a href="#">§ 441.50(a)(4)</a>. <b>Complete sections C, D, E, F &amp; H</b></p>

# INITIAL COMPLIANCE REPORT FOR DENTAL DISCHARGERS

## Section A

### General Information

<b>Business Name of Dental Facility</b>					
<b>Physical Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Mailing Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Facility Contact</b>					
<b>Phone</b>		<b>Email</b>			
<b>Names of owner(s):</b>					
<b>Names of operator(s) if different from owner(s):</b>					

## Section B

### Exemption Declaration

I have reviewed the applicability of [§ 441.10\(c-f\)](#) and determined that this practice is exempt from the rule because the dental discharger (mark all that apply):

Exclusively practices one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

Is a mobile unit.

Discharges no amalgam process wastewater to the public sanitary or combined sewer system. If this exemption is claimed, then describe how amalgam process wastewater is managed:

Does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances

Does this facility extract teeth?      Yes                  No  
 If yes explain how teeth with amalgam fillings are disposed of:

### Section C

**Description of Facility – if the answer to question #2,3, or 4 is “No”, explain how amalgam waste is managed in the space below.**

1. Total number of chairs where amalgam may be placed or removed:		
2. Does all wastewater with potential to contain amalgam pass through a separator?	Yes	No
3. Do you treat chair-side traps and vacuum pump filters as amalgam waste?	Yes	No
4. Do you replace screens, traps, vacuum pump filters, rather than rinse and reuse?	Yes	No
5. Was facility operational and discharging amalgam wastewater prior to 7/14/17?	Yes	No

Explanation(s):

### Section D

**Description of Amalgam Separator or Equivalent Device**

Make	Model	Compliant Device <sup>1</sup> (Y/N)	Not Compliant Device <sup>2</sup> (Y/N)	Number of Chairs Served	Year Installed

<sup>1</sup> This facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that capture all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur.

<sup>2</sup> This 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 number of chairs at which amalgam placement or removal may occur.  
 These 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.

## Section E

### Separator/Device Design, Operation and Maintenance

	I certify that the amalgam separator's (or equivalent device) design, operation and maintenance will meet the requirements of <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .
	A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .
<p><b>If no, provide a description of the practices by your facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a>:</b></p>	

## Section F

### Best Management Practices (BMP) certifications

<p><b>The above-named dental discharger is implementing the following BMPs and will continue to do so.</b>    <b>Yes</b>    <b>No</b>    <b>If you checked No, provide an explanation below.</b></p>			
			<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Inspect the amalgam separator(s), at a minimum, once per month to:             <ul style="list-style-type: none"> <li>○ Ensure proper operation and maintenance and confirm all amalgam process wastewater is flowing through treatment components, and there is no by-pass.</li> </ul> </li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Collect scrap amalgam from chair-side traps, screens, vacuum pump filters, dental tools, and/or other collection devices for proper off-site disposal.</li> <li>▪ 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 &lt; 6 or &gt; 8 SU.</li> <li>▪ Maintain a log documenting all activity pertaining to management of dental amalgam waste, traps, filters, and amalgam separators.</li> </ul>

**Explanation:**

## Section G

### Retention Period; per § 441.50(a)(5) & 441.50(b)

**Compliance Certification:** The dental facility or an agent or representative of the dental facility must maintain this Compliance Report and make it available for inspection in either physical or electronic form.

**Other Records:** The Dental facility subject to this rule must maintain documents and make available for inspection in either physical or electronic form for a minimum of three years, including receipts and manifests.

1. Documents related to inspection of amalgam separators and follow-up actions;
2. Documentation of amalgam retaining container or replacement, including date, if applicable;
3. Documents related to dental amalgam pickup or shipment for proper disposal by a licensed storage or disposal facility;
4. Documentation of any repair or replacement of an amalgam separator or device;
5. Manufacturer's current operating manual for the device in place.

## Section H

### Certification Statement

Per [§ 441.50\(a\)\(2\)](#), this 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 [§ 403.12\(l\)](#). If site conditions render the BMP unnecessary or infeasible, the facility must submit, in writing, rationale for the omission of a BMP or submit a request for an alternative BMP. The City will review the request and evaluate the alternative BMP. The BMP must effectively meet the intent and requirements of the rule. The City will determine if the request is approved.

*"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(1) 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 ( <i>print name</i> ):			
Phone		Email	
<b>Authorized Representative signature</b>		<b>Date</b>	

Visit the program webpage to read more about the requirement, download forms and find a waste hauler in your area: <https://www.portlandoregon.gov/bes/article/650295>. Email Environmental Services at [DentalAmalgam@PortlandOregon.gov](mailto:DentalAmalgam@PortlandOregon.gov) with any questions. Initial compliance reports are to be mailed to:

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