



Colorado Springs Utilities

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Dental Discharger: One-Time Compliance Report

In accordance with federal regulations (Title 40 of the Code of Federal Regulations Part 441 – Dental Office Point Source Category) and the Colorado Springs Utilities Mercury Source Control Program, this form must be completed by all Dental Dischargers in the Colorado Springs Utilities service area and any connector districts. Please complete the information below. A response is required on all statements. Return the completed certification with an original ink signature via US Mail to the address (or fax to the number) listed above.

Existing facilities must be in compliance with the requirements of 40 CFR Part 441 by July 14, 2020, and must submit this report as soon as possible, but in no case, any later than October 12, 2020. New dental facilities (opened after July 14, 2017) must submit this form 90 days from effective date of opening. Dental offices that have had a transfer of ownership must complete this form within 90 days of the effective date of the transfer of ownership. As long as any dental facility subject to this program 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 ([§ 441.50\(a\)\(5\)](#)).

GENERAL INFORMATION

Name of Facility: _____

Physical Address of Dental Facility: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Facility Contact: _____

Phone: _____ Email: _____

Name of Owner(s): _____

Name of Operator(s) if
different from Owner(s): _____

Applicability: Please Select One of the Following:

| | |
|--|--------------------------|
| This facility is a dental discharger subject to 40 CFR Part 441 and places or removes dental amalgam. <i>Complete sections A, B, C, D, and E</i> | <input type="checkbox"/> |
| This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i> | <input type="checkbox"/> |
| (Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4)) | |
| This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4) . | <input type="checkbox"/> |

Section A – Description of Facility

Total number of chairs at which amalgam may be placed or removed: _____ Total number of chairs in facility: _____

Section B - Description of Amalgam Separator(s) or Equivalent Device(s) currently operated

| | |
|---|--|
| This 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: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| This 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) : | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I understand that separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) 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: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| This dental facility operates ISO-11143 (or ANSI/ADA 108-2009) certified separator(s): | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|-------------------|-------------------------|---|--|
| Manufacturer and make/model name | Installation date | Separator serial number | Number of chairs serviced by this separator | |
| | | | | |
| | | | | |

Note: Add more lines if necessary

| This dental facility operates equivalent device(s): | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|-------------------|-------------------------|---|---|--|
| Manufacturer and make/model name | Installation date | Separator serial number | Average removal efficiency of device, as determined per § 441.30(a)(2)i- iii. | Number of chairs serviced by this separator | |
| | | | | | |
| | | | | | |

Note: Add more lines if necessary

| This dental facility operates amalgam separator(s) that do not meet the requirements of § 441.30(a)(1)(i) and (ii) : | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|-------------------|-------------------------|---|--|
| Manufacturer and make/model name | Installation date | Separator serial number | Number of chairs serviced by this separator | |
| | | | | |
| | | | | |

Note: Add more lines if necessary

Section C - Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

| | |
|--|------------------------------|
| 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"/> |
| 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 . | YES <input type="checkbox"/> |
| Name of third-party service provider that maintains the amalgam separator or equivalent device (if applicable): | |
| If no service provider is used, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 . | |
| Describe practices: | |

Section D - Best Management Practices (BMP) Certifications

| | |
|---|------------------------------|
| <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 POTW. Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW 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). | YES <input type="checkbox"/> |
|---|------------------------------|

Section E - Certification Statement

Per [§ 441.50\(a\)\(2\)](#), this 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 [§ 403.12\(l\)](#).

“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(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.”

Signature of Authorized Representative

Date

Name (please type or print)

Position or Title