



CASTRO VALLEY SANITARY DISTRICT SELF-CERTIFICATION OF AMALGAM MANAGEMENT REQUIREMENTS

Return this report by March 23, 2018 to:

**Castro Valley Sanitary District
20211 Patio Drive, Suite 200
Castro Valley, CA 94546
Fax: (510) 733-5011**

1. Exemption:

My practice is exempt from dental mercury regulation because amalgam fillings are placed or removed at this location three or fewer days per year AND the primary function of this facility is orthodontics, periodontics, oral and maxillofacial surgery, radiology, oral pathology, oral medicine, endodontics, and/or prosthodontics.

Mark this box if claiming exemption status for 2018 and proceed to step 4:

2. Mandatory Best Management Practices

Personnel at this dental practice understand and adhere to all the following CVSan Best Management Practices (BMPs) for dental mercury:

1.	Vacuum pumps must be equipped with filters. Clean or replace central vacuum filters regularly. During restoration procedures, maximize use of the high-speed suction (vacuum) and rubber dams; thereby, more amalgam waste is captured.
2.	Does not use bulk liquid mercury. Uses pre-measured amalgam capsules of various sizes, to provide better mixing and reduce waste.
3.	Does not use bleach and other chlorine-containing products when cleaning the vacuum system, as it dissolves mercury out of amalgam. Line cleaning products must have a pH that does not invalidate the warranty of the vacuum pump or amalgam separator manufacturer.
4.	Does not rinse amalgam-containing traps, filters or containers in the sink or other sanitary sewer connection. Change traps frequently. Do not place amalgam waste with regular solid waste or medical waste. <u>Contact Amalgam</u> : Collect used capsules, chair-side screens and traps, vacuum system screens, and filters in a large airtight plastic container for recycling. <u>Non-Contact Amalgam</u> : Collect non-contact amalgam scrap separately in small airtight plastic containers from each operator for recycling. <u>Mixed Scrap Amalgam</u> : Disinfect extracted teeth with amalgam fillings and collect them in airtight mixed amalgam scrap-recycling containers. Do not use disinfectant solutions with oxidizers, such as bleach, to disinfect the amalgam. Use transparent bottle traps under sinks and cuspidor drains of each operator. Collect waste from traps and place them with other mixed scrap amalgam waste. Do not add water or waste fixer to any of these containers. Keep them dry at all times.
5.	Have a licensed contractor pick up amalgam waste for recycling. NAME OF CONTRACTOR: _____
6.	Trains staff annually in proper handling and disposal of amalgam materials. Also, trains new staff when hired. Maintain a training log for all employees for three years and have records readily available for inspection.

3. Amalgam Separator Equipment

Please select one of the following categories:

<input type="checkbox"/>	<p>I certify that this dental practice has <u>already installed an ISO 11143 certified amalgam separator device</u>. It is understood that such a device must be certified by the ADA or other qualified testing laboratory to remove at least 95% of amalgam.</p> <p>I have <u>already submitted proof of certification</u> and installation records to the Castro Valley Sanitary District within 30 days of installation.</p> <p><i>Note:</i> Installation, certification, and maintenance records must be available for immediate inspection upon request during normal business hours.</p>
<input type="checkbox"/>	<p>I certify that the vacuum lines from this dental practice are plumbed to another dental practice or to a shared building system and that the required amalgam separator equipment will be installed outside of this dental practice.</p> <p>The responsible party (e.g., name of landlord or other dental practice) for amalgam separator installation is: _____</p> <p><i>Note:</i> Each dental practice is legally responsible for ensuring that an approved amalgam separator has been installed for a shared vacuum system.</p>
<input type="checkbox"/>	<p>This dental practice applies for a variance to the ISO-certified separator requirement, based on existing amalgam separator device or alternative treatment method. It is understood that if the separator doesn't remove 95% of amalgam, the variance is denied, and the facility will be required to install an ISO-certified separator.</p> <p>Existing amalgam separator / equivalent:</p> <p>Brand: _____ Model: _____</p> <p>Date of installation: _____</p> <p>Frequency of waste pump-out or cartridge replacement: _____</p> <p><i>Note:</i> Attach (1) a photograph of the amalgam separator system, and (2) a diagram that includes the water flow direction, valves, location of amalgam collection, and clean-out location.</p>
<input type="checkbox"/>	<p>Other (explain):</p>

4. **List of all dentists practicing at this office:**

5. **Certification:**

I certify that this dental facility has operated in compliance with the Castro Valley Sanitary District wastewater discharge regulations as specified in District Code § 6214(a)(b)(c), Ord. 151, 02-02-10. I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision, and 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 knowingly submitting false information, including the possibility of fine and/or further legal action for knowing violations.

Name of Authorized Representative [†]	Title
Name and Address of Dental Practice	
Email:	
Phone:	
Signature	Date

[†] **An Authorized Representative may be:** 1) the Principal Executive Officer, if the user is a corporation; 2) general partner or proprietor, if the industrial user is a partnership or proprietorship, respectively; 3) duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the discharge originates, and if such representative is identified in writing by the individual designated in 1) or 2) above.