



FREDERICK COUNTY DEPARTMENT OF REGULATORY COMPLIANCE

DENTAL RULE One-Time Compliance Report

Box A

Facility Name:	Main Contact:
Physical Address:	Mailing Address:
Phone Number:	Email Address:
Operator:	Owner:

Box B

The dental establishment identified above is excepted from further regulation associated with 40 CFR Part 441, the USEPA "Dental Rule," based on the following:

Check 1 choice below concerning this dental practice:

- Exclusively practice one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.
- Discharge from a mobile unit operated by a dental discharger.
- Do not discharge any amalgam process wastewater to a POTW, such as dental dischargers that collect all dental amalgam process wastewater for transfer to a Centralized Waste Treatment facility as defined in 40 CFR Part 437.
- Do not place dental amalgam, and do not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

Box C – Description of Facility:

Total number of chairs :
Number of chairs where amalgam may be present in wastewater:
Description of existing amalgam separator or similar device currently operated: Make: _____ Model: _____ Year Installed: _____
Name of 3 rd party service provider that maintains the amalgam separator or equivalent device. Otherwise, a brief description of practices employed to ensure proper operation and maintenance of the device.

Box D

<input type="checkbox"/> 1. I certify that the amalgam separator or equivalent device described above is designed and will be operated and maintained in accordance with applicable ANSI/ADA or ISO standards that comply with 40 CFR Part 441.30 and Part 441.40.	
<input type="checkbox"/> 2. I certify that this dental practice is implementing Best Management Practices specified in 40 CFR Part 441.30(b) or Part 441.40(b) and will continue to do so. These BMP's prohibit discharge of waste amalgam, including but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors or collection devices. Additionally, dental unit water lines, chair-side traps and vacuum lines that discharge amalgam process wastewater to a POTW will 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.	
<input type="checkbox"/> 3. 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 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.	

Printed Name

Signature

Date

This form must be signed by a responsible corporate officer, general partner, proprietor or duly authorized representative of the dental practice.

FOR ALL DENTAL PRACTICES COVERED BY THIS RULE

Retention of Records - As long as a Dental Discharger is in operation, the dental discharger or an agent must maintain the One-Time Compliance Report and make it available for inspection in either physical or electronic form.

The dental discharger or an agent must maintain and make available for inspection, in either physical or electronic form, for a minimum of three (3) years, documentation concerning inspection and maintenance of the amalgam separators or equivalent devices, and a summary of follow-up actions, if needed. This includes amalgam container replacement date, dates that waste amalgam is shipped for proper disposal, name of licensed receiving facility and documentation of any repairs or replacement of these devices, including dates of repair, name of person making the repairs or replacement and description of the repair or replacement (including make and model).

The dental discharger or an agent must maintain and make available for inspection, in either physical or electronic form, the manufacturers operating manual for the current device.

If you have questions, contact Cory Brandt at 301-600-2511, or via email at CBrandt@FrederickCountyMD.gov