



How to Use the Compliance Form

If your Dental Facility is already in Compliance with the Dental Amalgam Rule:

Compliant facilities need to fill out the **entire** One-Time Compliance Form.

If your Dental Facility is Exempt from the Dental Amalgam Rule:

Exempt facilities are only required to fill out the first two sections and the signature on the final page.

Facility Information

Name of Dental Facility: _____

Address: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Name of Operator(s) and Owner(s): _____

Is the dental facility listed above exempt from the dental amalgam rule? Yes No

If yes which exemption does it fall under?

Our dental facility does not place or remove amalgam in emergency situations and we remove amalgam in less than 5% of our procedures.

Our dental facility only operates mobile units.

Our dental facility consists exclusively of oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

Exempt practices do not need to fill out the rest of the form except for the authorized signature on the final page.

"I, _____ (duly authorized representative of the above named dental facility), certify under penalty of law that this document and all attachments are to the best of my knowledge and belief, true, accurate, and complete. I am aware that there can be severe penalties for providing false information, including fines for violations."

Signature: _____ Date: _____

Compliant and exempt facility submissions **must** be mailed or delivered with an original, wet signature.

If Your Dental Facility is currently NOT in Compliance with the Dental Amalgam Rule:

1. Make a photo copy of the form
2. Fill out the top Facility Information Section of the photo copied form
3. Check the box stating that your facility is currently out of compliance
4. Complete the signature portion of the final page
5. Email (Pretreatment@flagstaffaz.gov), or Mail the **photo copied** form to Water Services Division
6. Reserve the original form to submit to Water Services Division **once** compliance is achieved. **The final compliance submission must be mailed or delivered with an original wet signature.**

Facility Information

Name of Dental Facility: _____

Address: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Name of Operator(s) and Owner(s): _____

The facility listed above is currently **NOT in compliance. Our facility is aware that we must be in compliance by July 14, 2020.**

"I, _____ (duly authorized representative of the above named dental facility), certify under penalty of law that this document and all attachments are to the best of my knowledge and belief, true, accurate, and complete. I am aware that there can be severe penalties for providing false information, including fines for violations."

Signature: _____ Date: _____



Dental Amalgam Compliance Certification Form

The completed form should be sent to:

Water Services Division
Attn: Industrial Pretreatment
2323 N Walgreen St. Suite 1
Flagstaff, AZ 86004

Facility Information

Name of Dental Facility: _____

Address: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Name of Operator(s) and Owner(s): _____

The facility listed above is currently **NOT in compliance. Our facility is aware that we must be in compliance by July 14, 2020.**

Is the dental facility listed above exempt from the dental amalgam rule? Yes No

If yes, which exemption does it fall under?

- Our dental facility does not place or remove amalgam except in emergency situations and we remove amalgam in less than 5% of our procedures.
- Our dental facility only operates mobile units.
- Our dental facility consists exclusively of oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

Exempt practices do not need to fill out the rest of the form except for the authorized signature on the final page.

How many chairs at your practice? _____ How many chairs have the potential to receive amalgam waste? _____

What are the make and model of your amalgam separator(s)? _____

How many amalgam separators are at your facility? _____

What year were your amalgam separator(s) installed? _____

- Our practice's amalgam separators are compliant with the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions and are certified to achieve at least a 95% removal efficiency.
- Our practice's amalgam separators are not compliant with International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions but were installed prior to July 14, 2017 and therefore meet the requirements of the Dental Amalgam Rule. Our practice is aware any amalgam separator needing replacement must be replaced with an amalgam separator that meets the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions and all amalgam separators that do not meet this standard must be replaced with one that does by July 14, 2027.

What third party company services your amalgam separators? _____

If a third party company is not used to service your amalgam separators, you must include a brief description of the practices employed by your facility to ensure proper operation and maintenance. The back of this page can be used for this.



Our dental facility follows and will continue to follow the Best Management Practices listed below:

1. Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, will not be discharged to the city sewer.
2. Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the sewer 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.

The Compliance Report must be signed by (1) a responsible corporate officer if the dental office is a corporation; (2) a general partner or proprietor if the dental office is a partnership or sole proprietorship; or (3) a duly authorized representative of the responsible corporate officer, or general partner or proprietor. This does not preclude a third party from submitting the report on behalf of a dental office as long as the submission also includes a proper signature as described above. The signature must be a wet signature, electronic signatures cannot be accepted.

"I, _____ (duly authorized representative of the above named dental facility), certify under penalty of law that this document and all attachments are to the best of my knowledge and belief, true, accurate, and complete. I am aware that there can be significant penalties for submitting false information, including fines for violations."

Signature: _____ Date: _____

Please make a copy of this completed form and file for your records!

Retention Period;

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent/representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.

CITY OF FLAGSTAFF
WATER SERVICES DIVISION
INDUSTRIAL PRETREATMENT
2323 N WALGREENS ST
FLAGSTAFF, ARIZONA 86004
(928) 213-2117
Pretreatment@flagstaffaz.gov