

## Annual Report of Amalgam Best Management Practices

**Best Management Practices are those defined by the WDA and Installation, Operation, and Maintenance of an Amalgam Separator meeting ISO 11143 Standards.**

Facilities complying with the WDA Criteria and the installation/maintenance of an amalgam separator meeting ISO 11143 standards shall be considered in compliance with the local sewer use ordinance limit for mercury. It is the intention of the Mercury Pollutant Minimization Program to achieve 100 % implementation of dental BMPs within the dental sector.

- A. If you do not place **OR** remove amalgam restorations, please check here, \_\_\_\_\_ sign the bottom, & return it to MMSD.
- B. If you do not place amalgam restorations, please check here \_\_\_\_\_ **AND** respond to Question 1, and Questions 5-10.
- C. If you place **AND** remove amalgam restorations, please respond to Questions 1-10.

**Directions:** Please check YES, NO, or N/A and for each question.

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Has all bulk (liquid) mercury been eliminated from your stock at your dental clinic?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. If your dental clinic places amalgam restorations, does your dental clinic use pre-capsulated alloys?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does your dental clinic recycle disposable amalgam capsules?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Does your dental clinic capture and recycle non-contact scrap amalgam?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Does your dental clinic capture and recycle contact amalgam?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Does your dental clinic capture and recycle the contents of chair- side traps?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. If your dental clinic has a vacuum pump filter, does your dental clinic recycle contact amalgam retained by this filter?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. If your dental clinic extracts teeth containing amalgam, do you disinfect and recycle the extracted teeth?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Does your dental clinic use non-chlorine, non-bleach, and/or ISO separator approved vacuum line cleaners that minimize the dissolution of amalgam?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Does your dental clinic have and maintain an amalgam separator meeting ISO standards?
10a. If you currently have an amalgam separator, please provide us with the following information.			
Manufacturer:			Model:
			Date Installed:
10b. If you do not have an amalgam separator, please provide us with a date you are expecting to install:			
10c. Name and address of vendor(s) where amalgam wastes are recycled:			

Comments:

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Name of Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email of Contact Person: \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to this address:

MMSD  
 ATTN: Mr. Ralph Erickson  
 1610 Moorland Rd.  
 Madison, WI 53713-3398