

## FORM 4B: Medical Facility Mercury Checklist

**Best Management Practices for Mercury are taken from the AHA/EPA “Making Medicine Mercury-Free” Criteria.**

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
<b>Policy</b>				1. Has your facility established a mercury plan and timeline for the reduction and eventual elimination of mercury-containing equipment and chemicals?
				2. Has your facility implemented an Environmentally Preferable Purchasing (EPP) policy for mercury products and a process to regularly review mercury use reduction and elimination progress?
				3. Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees?
<b>Mercury Products</b>				4. Has your facility replaced patient mercury thermometers?
				5. Has your facility replaced all or majority (75%) of mercury sphygmomanometers?
				6. Has your facility replaced all or majority (75%) of mercury clinical devices (bougies, miller-abbott tubes, dilators, etc)?
				7. Has your facility inventoried and labeled all mercury-containing facility devices (switches, thermostats, etc.)? **
				8. Has your facility implemented a program to recycle fluorescent lamps? **
				9. Has your facility implemented battery collection programs? **
<b>Lab</b>				10. Has your facility replaced all or majority (75%) of mercury lab thermometers?
				11. Has your facility replaced B5/Zenkers stains with non-mercury substitute?
				12. Has your facility inventoried mercury-containing lab chemicals?

\*\* May not affect wastewater

### Wastewater Sampling and Analysis (Not required for facilities implementing or scheduled to implement all BMPs)

Sampling Location \_\_\_\_\_ Mercury Effluent Concentration \_\_\_\_\_ Date \_\_\_\_\_

(Attach summary if multiple wastewater outfalls)

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	Size of Facility (Number of beds, employees, or other)
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Printed Name of Official	Signature	Title	Phone	Date
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