



Dental Pollution Prevention Permit Self-Certification Form

City of Livermore
Water Resources Division
101 W. Jack London Blvd.
Livermore, CA 94551

Please complete the form below as accurately as possible. Failure to complete this form may result in a delay in the permit issuance process and possible enforcement action may occur.

I. DENTAL PRACTICE INFORMATION

NAME OF DENTAL FACILITY: _____

DENTAL FACILITY ADDRESS: _____

MAILING ADDRESS: _____

PRIMARY CONTACT NAME: _____ PRIMARY CONTACT PHONE #: _____

OWNER NAME: _____ OWNER PHONE #: _____

DENTAL OPERATOR(S): _____

II. PRETREATMENT EQUIPMENT

DO YOU HAVE AN AMALGAM SEPARATOR INSTALLED? YES NO

(IF NO, SKIP SECTION III)

IF YES, IS YOUR AMALGAM SEPARATOR ISO 11143 COMPLIANT? YES NO N/A

ADDITIONAL PRETREATMENT DEVICES PRESENT? YES NO

CHAIRSIDE TRAPS PRESENT? YES NO IF YES, HOW MANY? _____

III. AMALGAM SEPARATOR DESCRIPTION (IF AMALGAM SEPARATOR IS PRESENT)

MAKE: _____ MODEL: _____ QUANTITY: _____

LOCATION DESCRIPTION: _____

MAINTENANCE FREQUENCY: _____ SERVICE COMPANY: _____

DATE OF LAST SERVICE: _____ YEAR INSTALLED: _____

IV. BEST MANAGEMENT PRACTICES

IS UNTREATED AMALGAM WASTE DISCHARGED TO THE SANITARY SEWER?
(PROHIBITED AS PER 40 CFR § 441.30(b) and § 441.40(b)) YES NO

ARE AMALGAM UNITS AND LINES CLEANED WITH OXIDIZING OR ACIDIC CLEANERS SUCH AS BLEACH OR PRODUCTS WITH CHLORINE?
(PROHIBITED AS PER 40 CFR § 441.30(b) and § 441.40(b)) YES NO

IS STAFF TRAINED TO HANDLE AND PROPERLY DISPOSE OF DENTAL AMALGAM?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IS STAFF TRAINED ON PROPERLY CLEANING UP MERCURY SPILLS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE TRAINING RECORDS KEPT ONSITE FOR A MINIMUM OF 3 YEARS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU CLEAN THE CHAIRSIDE TRAPS AT LEAST ONCE A WEEK?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
DO YOU COLLECT AMALGAM SCRAP FROM RESTORATIONS AFTER REMOVAL?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
IS SCRAP AMALGAM PLACED IN AN AIRTIGHT CONTAINER FOR COLLECTION?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ARE THE AIRTIGHT CONTAINERS PROPERLY LABELED?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
IS AMALGAM WASTE RECYCLED IN ACCORDANCE WITH FEDERAL, STATE, & LOCAL REGULATION?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
IS A LOG & MANIFESTS OF DIPOSED AMALGAM KEPT ONSITE FOR 3 YEARS?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
HAVE P-TRAPS BEEN REMOVED AND AMALGAM WASTE COLLECTED?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
ARE VACCUM PUMP FILTERS AND SCREENS CLEANED AT LEAST MONTHLY OR AS DIRECTED BY THE MANUFACTURER?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

V. REQUIREMENT TO COMPLY

Do you agree to comply with all dental amalgam requirements as outlined in 40 CFR 441 and the Livermore Municipal Code? YES NO

Do you understand that if you are not in compliance within the regulations outlined in 40 CFR 441 and the Livermore Municipal Code that you may be liable to enforcement actions including but not limited to civil penalties? YES NO

CERTIFICATION STATEMENT

I certify under penalty of law that the information provided above fully describes conditions at the facility at the present time. 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 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.

Signature

Date