



Virginia Dental Rule Compliance Form

Part 1. General Information

A. Facility Information				
Name of Practice/Office:				
Street Address (line 1):				
Street Address (line 2):				
City:		State:		Zip Code:
<input type="checkbox"/> Mailing Address is Same				
Mailing Address (line 1):				
Mailing Address (line 2):				
City:		State:		Zip Code:

B. Owner/Responsible Party (O/RP) Information			
O/RP Last Name			
O/RP First Name		O/RP Middle Initial	
O/RP Phone #1			
O/RP Phone #2			
O/RP Email Address			

C. Facility Contact (FC) Information			
FC Last Name			
FC First Name		FC Middle Initial	
FC Phone #1			
FC Phone #2			
FC Email Address			

D. Additional Information, if necessary:

Part 2. Dental Rule Applicability

A. Dental Rule Applicability	
<i>Select One of the Following</i>	
<input type="checkbox"/>	Option 1. This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>Complete Parts 1, 2, 3, 4, 5, and 6</i>
<input type="checkbox"/>	Option 2. This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete Parts 1, 2, and 6 only</i>
<input type="checkbox"/>	Option 3. This facility is a dental discharger subject to this rule, and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4) . <i>Complete sections 1, 2, 3, 4, 5, and 6</i>
<i>Note: See the Virginia DEQ Website for more information if you believe the dental rule is not applicable to your practice/office.</i>	

B. Prior Discharges	
<i>Select One of the Following:</i>	
<input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14 th , 2017, under any ownership.
<input type="checkbox"/>	The facility did not discharge amalgam process wastewater prior to July 14 th , 2017, under any ownership. <i>(Select this option if the facility opened after July 14th, 2017)</i>

Part 3. Description of Amalgam Separating Equipment

A. Amalgam Wastewater Production	
Total Number of Chairs:	
Total Number of Chairs Where Amalgam May Be Placed, Worked With, or Removed:	

B. Amalgam Separation or Equivalent Devices	
Description of Any Amalgam Separator(s) or Equivalent Device(s) Currently Operated:	
<i>Select One of the Following and Provide Applicable Chair Count:</i>	
<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:

<input type="checkbox"/> The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur:	
<p>I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of § 441.30(a)(1) or § 441.30(a)(2), after their useful life has ended, and no later than June 14, 2027, whichever is sooner.</p>	

<i>Provide the following information on each amalgam separator or equivalent device:</i>				
Manufacturer	Model Name/No.	Installation Year	No. of Chairs Served	Removal Efficiency <small>40 CFR §441.30(a) (2)(i-ii)</small>

Part 4. Operation and Maintenance

A. Operation and Maintenance Provider					
<i>Select to Certify:</i>					
<input type="checkbox"/> I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40 .					
<i>Select Either Option 1 or 2 Below, and Provide the Necessary Information:</i>					
<input type="checkbox"/>	1. A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .				
	Name of Company or Entity:				
	Address (Line 1)				
	Address (Line 2)				
	City:		State:		Zip Code:
	Contact Phone #1:		Contact Phone #2:		
	Contact Email:				
<input type="checkbox"/>	2. Practices are in place by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .				
	Description of Practices:				

Part 5. Best Management Practice (BMP) Certification:

<i>Select to Certify:</i>
<input type="checkbox"/> The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 and will continue to do so. <ul style="list-style-type: none"> • Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system). • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must 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 (i.e. cleaners that may increase the dissolution of mercury).

Part 6. Certification Statement

<i>Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of § 403.12(l). Fill out the appropriate information, date, and sign below to certify this submission.</i>	
“I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(l) of the above named dental facility, and 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.”	
Authorized Representative Full Name:	
Phone Number:	
Email Address:	
<i>Authorized Representative Signature</i>	<i>Date</i>

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 or representative of the dental facility must maintain this one-time compliance report and make it available for inspection in either physical or electronic form.