

SECTION 4 – AMALGAM SEPARATOR EQUIPMENT

Please select one of the following categories:

<input type="checkbox"/>	<p>I certify that this dental practice will install an ISO 11143 certified amalgam separator device on or before January 1, 2011. It is understood that such a device must be certified by the ADA or other qualified testing laboratory to remove at least 95% of amalgam.</p> <p>I understand that once this equipment is installed, this dental practice is responsible for:</p> <ul style="list-style-type: none">• Submitting proof of certification and installation records to the Oro Loma Sanitary District within 30 days of installation.• Ensuring that the amalgam separator is maintained in accordance with manufacturer recommendations. Installation, certification, and maintenance records will be available for immediate inspection upon request during normal business hours.
<input type="checkbox"/>	<p>I certify that the vacuum lines from this dental practice are plumbed to another dental practice or to a shared building system and that the required amalgam separator equipment will be installed outside of this dental practice.</p> <p>The responsible party (e.g., name of landlord or other dental practice) for amalgam separator installation: _____</p> <p><i>Note:</i> Each dental practice is legally responsible for ensuring that an approved amalgam separator has been installed for a shared vacuum system.</p>
<input type="checkbox"/>	<p>This dental practice applies for a variance to the ISO-certified separator requirement, based on existing amalgam separator device or alternative treatment method. It is understood that variances are limited to those described in the ordinance and that if this request is denied, the facility will be required to install an ISO-certified separator.</p> <p>Existing amalgam separator / equivalent:</p> <p>Brand: _____ Model: _____ Date of installation: _____</p> <p>Frequency of waste pump-out or cartridge replacement: _____</p> <p>Attach (1) a photograph of the amalgam separator system, and (2) a diagram that includes the water flow direction, valves, location of amalgam collection, and clean-out location.</p>

CERTIFICATION

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 ensure 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.

Printed Name _____ Title _____

Signature _____ Date _____

Return completed form to:

Industrial Pretreatment Program, OLSD, 2600 Grant Ave., San Lorenzo, CA 94580-1838 Fax 510-278-7382