



**City of Phoenix**  
 WATER SERVICES DEPARTMENT  
 Quality Reliability Value

**Dental Amalgam Compliance Certification Form**

The completed form should be sent to:

Environmental Services  
 Division Attn: Commercial Section  
 2474 S 22<sup>nd</sup> Avenue, Building 31  
 Phoenix, AZ 85009

**Facility Information**

Name of Dental Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Operator(s) and Owner(s): \_\_\_\_\_

Date Facility Began Operations Under Current Ownership: \_\_\_\_\_

Is the dental facility listed above exempt from the dental amalgam rule?  Yes  No

**If yes which exemption does it fall under?**

- Our dental facility does not place or remove amalgam except in emergency situations and we remove amalgam in less than 5% of our procedures.
- Our dental facility only operates mobile units.
- Our dental facility consists exclusively of oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

**Exempt practices do not need to fill out the rest of the form except for the authorized signature on the final page.**

How many chairs at your practice? \_\_\_\_\_ How many chairs have the potential to receive amalgam waste? \_\_\_\_\_

What are the make and model of your amalgam separator(s)? \_\_\_\_\_

How many amalgam separators are at your facility? \_\_\_\_\_

What year were your amalgam separator(s) installed? \_\_\_\_\_

- Our practice's amalgam separators are compliant with the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions and are certified to achieve at least a 95% removal efficiency.
- Our practice's amalgam separators are not compliant with International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions but were installed prior to July 14, 2017 and therefore meet the requirements of the Dental Amalgam Rule. Our practice is aware any amalgam separator needing replacement must be replaced with an amalgam separator that meets the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions and all amalgam separators that do not meet this standard must be replaced with one that does by July 14, 2027.

What third party company services your amalgam separators? \_\_\_\_\_

**If a third party company is not used to service your amalgam separators you must include a brief description of the practices employed by your facility to ensure proper operation and maintenance. The back of this page can be used for this.**





**City of Phoenix**  
WATER SERVICES DEPARTMENT  
Quality Reliability Value

Our dental facility follows and will continue to follow the Best Management Practices listed below:

1. Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, will not be discharged to the city sewer.
2. Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the sewer will 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.

**The Compliance Report must be signed by (1) a responsible corporate officer if the dental office is a corporation; (2) a general partner or proprietor if the dental office is a partnership or sole proprietorship; or (3) a duly authorized representative of the responsible corporate officer, or general partner or proprietor. This does not preclude a third party from submitting the report on behalf of a dental office as long as the submission also includes a proper signature as described above. The signature must be a wet signature, electronic signatures cannot be accepted.**

"I, \_\_\_\_\_ (duly authorized representative of the above named dental facility), certify under penalty of law that this document and all attachments are to the best of my knowledge and belief, true, accurate, and complete. I am aware that there can be significant penalties for submitting false information, including fines for violations."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make a copy of this completed form and file for your records!**

**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.

CITY OF PHOENIX  
WATER SERVICES DEPARTMENT  
ENVIRONMENTAL SERVICES DIVISION  
2474 SOUTH 22ND AVENUE, BUILDING 31  
PHOENIX, ARIZONA 85009-6918  
(602)-262-1859  
WWW.PHOENIX.GOV/ESD