



Dear Dental Professional:

As part of The City and County of Broomfield Wastewater Division's on-going efforts to protect waterways and the environment, and to comply with Colorado Discharge Permit System (CDPS) discharge requirements, we are requesting that all dental offices fill out the following informational survey. The purpose of this survey is to maintain information on how dentists manage their mercury waste from dental amalgam and residual mercury on dental tools. **Please fill out this survey and return it to the email listed below within 30 days of receiving it.**

In 2007, the American Dental Association (ADA) in cooperation with the Environmental Protection Agency (EPA) developed "Best Management Practices for Amalgam Waste" (BMP's), which include a series of amalgam waste handling and disposal practices. Information concerning Best Management Practices for Amalgam Waste can be found at the following website.

[Best Management Practices for Amalgam Waste](#)

The EPA published a study in August of 2008 that estimated there were approximately 120,000 dental offices contributing 3.7 tons of mercury to wastewater collection systems each year. The National Association of Clean Water Agencies (NACWA) estimates that 40 percent of the mercury in our nation's wastewater system comes from dental offices.

In addition, the Colorado Department of Public Health and Environment (CDPHE) implemented the "Mercury-Free Colorado Campaign." A main focus of this campaign is reducing mercury levels in Colorado's lakes and rivers. Information concerning this campaign may be found at the following website.

[Colorado Department of Public Health and Environment, Mercury Information](#)

We appreciate your time and wish to thank you in advance for your assistance. If you have any further questions or concerns, please contact me at 303.464.5768.

Sincerely,

David Cross
Regulatory Compliance Supervisor
City and County of Broomfield

DIRECTIONS:

Please complete and sign the following dental questionnaire as accurately as possible. The information provided will be used to update Industrial Pretreatment files and assist in

understanding what types of waste are being discharged into the City & County of Broomfield's Publicly Operated Treatment Works (POTW).

Please return the completed form to:

David Cross
Regulatory Compliance Supervisor

Phone: 303.464.5768

Email: Dcross@broomfield.org

City & County of Broomfield, Water Reclamation Facility
2985 West 124th Avenue
Broomfield, CO 80020.

General Information

Business Name: _____

Business Location: _____

Mailing Address (if different from above): _____

Phone: _____

Email: _____

Website: _____

Is this business located in a multi-unit building?

If yes, which unit #(s) _____

Yes No

Individual Responsible for Operation

Name: _____

Title: _____

Phone: _____

Individual Providing Information

Name: _____

Title: _____

Phone: _____

Days of operation: _____

Hours of Operation: _____

Number of Employees: _____

A.	Practice
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1.	How many full-time dentists are in your practice?
2.	How many part-time dentists are in your practice?

B. Amalgam Use	
1.	How many amalgam fillings does your dental group remove on average in one week?
2.	Do you use mercury amalgam? <input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If you answered yes to the question above, are amalgams pre-capsulated? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.	What is the typical amalgam capsule size your office uses?
c.	How many cavities does your office fill with amalgam in an average week?
d.	How many chairs in your practice are used for amalgam removal?
3.	How is excess or non-contact (scrap) amalgam mix disposed of after a dental procedure?
4.	Does your practice use any bulk elemental mercury?
a.	If your practice uses bulk elemental mercury, how much is used?

C. Wastewater Treatment and Waste Management							
1.	Does your practice have chair side traps? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If Yes, how many?						
a.	How frequently are chair side traps cleaned?						
2.	How is the waste collected from your chair side traps? (check one)						
	<table border="1"> <tr> <td>Collected & Recycled Off-Site</td> <td>Hazardous waste disposal</td> <td>Put in infectious waste (biohazard) bag</td> </tr> <tr> <td>Put in Trash</td> <td>Washed down sink</td> <td>Other (specify)</td> </tr> </table>	Collected & Recycled Off-Site	Hazardous waste disposal	Put in infectious waste (biohazard) bag	Put in Trash	Washed down sink	Other (specify)
Collected & Recycled Off-Site	Hazardous waste disposal	Put in infectious waste (biohazard) bag					
Put in Trash	Washed down sink	Other (specify)					
3.	Are vacuum filters or some other type of secondary filter used? <input type="checkbox"/> Yes <input type="checkbox"/> No						
a.	How is the waste collected in your secondary filter? (check one)						
	<table border="1"> <tr> <td>Collected & Recycled Off-Site</td> <td>Hazardous waste disposal</td> <td>Put in infectious waste (biohazard) bag</td> </tr> <tr> <td>Put in trash</td> <td>Washed down sink</td> <td>Other (specify)</td> </tr> </table>	Collected & Recycled Off-Site	Hazardous waste disposal	Put in infectious waste (biohazard) bag	Put in trash	Washed down sink	Other (specify)
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Put in trash	Washed down sink	Other (specify)					
4.	Does any other wastewater treatment exist to capture amalgam particles, such as a separator? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, please explain.						
a.	What brand of separator is used?						
b.	How often is it serviced?						
5.	If waste amalgam is shipped to a refiner, please include the refiner's name, address and phone number.						
	Name:						
	Address:						
	City, State, Zip:						
	Phone Number:						

D. X-Ray Waste

1.	How much x-ray fixer (working strength) does your practice dispose of per month?							
	a.	How is x-ray fixer disposed of? (check one)						
		<input type="checkbox"/>	Recycled Off-Site	<input type="checkbox"/>	Hazardous Waste Disposal	<input type="checkbox"/>	Infectious Waste (biohazard) bag	
		<input type="checkbox"/>	Put in trash	<input type="checkbox"/>	Washed down sink without silver recovery	<input type="checkbox"/>	Washed down sink after silver recovery	
		<input type="checkbox"/>	Other (Specify)					
2.	If a silver recovery unit is used, describe maintenance procedures.							
3.	If fixer is taken off-site for recycling or disposal, please give the name, address, and phone number of service provider.							
	Name:							
	Address:							
	City, State, Zip:							
	Phone Number:							
4.	Does your practice use any x-ray cleaning products that contain chrome? (Material Safety Data Sheets (MSDS's) should indicate if chrome is present)				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

E.	Certification	
	I hereby certify that the information found in this application is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.	
	<input type="text"/>	<input type="text"/>
	(Name)	(Signature)
	<input type="text"/>	<input type="text"/>
	(Title)	(Date)

Notes or Comments: