

Annual Report Form for Dental Care Practices

This form may be completed and submitted by each dental care practice issued an administrative order by the Northeast Ohio Regional Sewer District for mercury discharge minimization. Satisfactory completion and submittal would constitute compliance with Administrative Order Part Three, Reporting Requirement A. Attach additional pages if necessary.

Items denoted with an (*) are required.

*Administrative Order No. 8021- _ _ _ _

***Office Address**

Mailing Address (if different from Office Address)

*Number, Street	Number, Street
*City, Zip	City, State, Zip
*Telephone Number	Email
Fax Number (if applicable)	Other contact information

* Has this office installed an Amalgam Separator? Yes No

 If yes, when was it installed: _____

 Specify model and vendor: _____

 If no, does facility plan to install one? Yes No Maybe

* Name and Address of amalgam waste recycler and/or hazardous waste hauler through which amalgam waste is disposed _____

* Copies of any correspondence, if available, that indicates compliance from **January 1, 2007** through **December 31, 2007**, such as hazardous waste hauling manifests or bills of lading, must be attached to this form. If this correspondence is not available, please indicate why _____

* **Have changes been made at this facility since December 31, 2006?** Yes No

 If yes, you must complete the remainder of this form.

 If no, it is not necessary to complete the remainder of this form, please sign and date the back of this form and send it to the address provided.

Names of **all** dental care practitioners, not including assistants or hygienists, currently or expected to be practicing at this office: _____

Specify the days of the week and hours each day that this office is in operation: _____

Please make a check mark in each appropriate box below and provide, where appropriate, the requested information to the best of your ability:

- The practice at this office does not handle dental amalgam.
- The practice at this office handles dental amalgam (such as extracting amalgam or teeth containing amalgam) and is implementing all best management practices (BMPs) specified in its BMP Plan submitted to the Northeast Ohio Regional Sewer District.
- The practice at this office handles dental amalgam, but the following BMPs specified in its BMP Plan are not being implemented for the following reason(s): _____

- The practice at this office is implementing the following additional BMPs that were not specified in its BMP plan: _____
- Other changes in the information previously provided in this practice's BMP Plan are described below and/or attached to this form: _____

- Potential sources of mercury have been identified in this office. These include:
 - Wastes from evacuation system
 - Extracted amalgam
 - Extracted teeth containing amalgam
 - Amalgam capsules (including scrap)
 - Liquid mercury
 - Fluorescent bulbs
 - Mercury-containing switches
 - Mercury-containing thermostats
 - Thermometers
 - Sphygmomanometers

Other: _____
- The following potential sources of mercury have been eliminated from this office (including any from above that are no longer in the office): _____

- Any monitoring results, including any information indicating the effectiveness of implemented BMPs, are summarized below and/or attached to this form: _____

* Your Name (printed): _____

* Your Signature: _____ Date: _____

The annual report for the practice at this office is due no later than March 1, 2008 and should be sent to the address below:

Northeast Ohio Regional Sewer District
4747 East 49th Street
Cuyahoga Heights, OH 44125-1011
Attention: Mercury Program

Please attach any other information pertinent to mercury reduction efforts at this facility.