



DENTAL OFFICE BEST MANAGEMENT PRACTICE SURVEY

Dept. of Industrial Monitoring
7472 Cochran Road, College Park, GA
30349
404-612-0212-office
404-612-2931-fax
ngozi.daramola@fultoncountyga.gov

David E. Clark, P.E.
Director of Public Works

Business Name _____ Date _____

Physical Address _____ Zipcode _____

Mailing Address if different _____

Phone _____ Fax _____ E-mail _____

Names of other dentists in your practice _____

Radiographic Materials

1. What type of X-ray technology is used at this location?

Traditional Radiography

Electronic Imaging

2. How much fixer is used **per month?** _____

3. How does this office dispose of spent fixer?

Dumped down the drain to the sanitary sewer

Metal replacement canister, Provider Name _____

Stored on-site for future disposal

Recycled, Provider Name _____

4. How much X-ray film is purchased **monthly?** _____

5. How does this office dispose of X-ray lead foil?

Disposed of in the trash

Hazardous waste, Provider Name _____

Stored on-site for future disposal

Returned to vendor, Vendor Name _____

Disposed of as a bio hazard material

Recycled, Provider Name _____

Amalgam Materials

6. Does this office "place" Yes No OR "remove" Yes No amalgam fillings?

7. How does this office dispose of amalgam particles?

- Disposed of in the trash
- Hazardous waste, Provider Name _____
- Stored on-site for future disposal
- Returned to vendor, Vendor Name _____
- Disposed of as a bio hazard material
- Recycled, Provider Name _____

8. How does this office dispose of the unused portion of amalgam capsules?

- Disposed of in the trash
- Hazardous waste, Provider Name _____
- Stored on-site for future disposal
- Returned to vendor, Vendor Name _____
- Disposed of as a bio hazard material
- Recycled, Provider name _____

9. Does this office have an amalgam separator as required by 40 CFR 441 which went into effect on July 2017? Yes No Year Installed _____ Brand Name _____

9a. If no, indicate month and year you plan to install amalgam separator in order to meet 40 CFR 411 compliance date: _____

10. How often do you clean and service the amalgam separator? _____ Who cleans and/or services the amalgam separator? _____

11. Does your office have: Mercury Spill Kit? Yes No Not Applicable
Spill Control Plan for chemical spills? Yes No

Certification Statement

I hereby certify that my office complies with the Best Management Practices for the recycling and disposal of amalgam, mercury, silver (X-ray fixer), and X-ray lead foil as indicated above.

Responsible Person's signature

Date

Please print name signed above _____

Please return this survey to:

Public Works
Water Resources Division, Industrial
Monitoring 7472 Cochran Road, College Park,
GA 30349

Or fax it to 404-612-2931