



**Dental Amalgam Program  
Annual Report  
January 1 through December 31, 2016**



**Section A. General Information**

To complete this form online visit:  
[www.sanjoseca.gov/dental](http://www.sanjoseca.gov/dental)

**Dental Practice Name:**

**Permit Number:**

**Email Address:**

**Dental Office Address (include Suite):**

**Mailing Address (include Suite):**

**Total number of dental chairs in Office:**

**How many were used to place AND/OR remove amalgam:**

**We have moved!** We are no longer at the address above. Our new address is:

**Section B. Amalgam Separator**

**Was your Amalgam Separator waste canister replaced or emptied in 2016?**

**Yes.** The canister was replaced or emptied in 2016 and the name of the service provider, along with the dates of service are provided below:

**Service Provider:** \_\_\_\_\_

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

**City State, Zip:** \_\_\_\_\_

**Dates cansiter was replaced/emptied in 2016:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**Please continue to Section C.**

**No.** The canister was **not** replaced or emptied in 2016 and the reason is provided below:

Canister was not full.

Other (please explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please continue to Section C.**



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January 1 through December 31, 2016**



**Section C. Other Amalgam Waste**

**Did your practice dispose of Other Amalgam Waste (e.g., used capsules, chairside traps, vacuum pump screens, etc.) in 2016?**

**Yes.** Choose **one** of the three options below.

- 1. Yes.** Our practice disposed of Other Amalgam Waste in 2016 and took it to the Santa Clara County Small Quantity Generator Program.
- 2. Yes.** Our practice disposed of Other Amalgam Waste in 2016 and used the following hauler to collect it:

**Hauler:** \_\_\_\_\_

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

**City**  
**State, Zip:** \_\_\_\_\_

- 3. Yes.** Our practice disposed of Other Amalgam Waste in 2016 and mailed it to the following recycler:

**Recycler:** \_\_\_\_\_

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

**City**  
**State, Zip:** \_\_\_\_\_

**Please continue to Section D.**

**No.** Please see below.

- No.** Our practice did **not** dispose of Other Amalgam Waste in 2016 and the reason is provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please continue to Section D.**



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**Section D. Spent Fixer Solution**

**Does your practice have Spent Fixer Solution on site? If so, how was it disposed?**

**Yes.** Choose **one** of the three options below.

- 1. Yes.** Our practice disposed of Spent Fixer Solution by taking it to the Santa Clara County Small Quantity Generator Program.
- 2. Yes.** Our practice disposed of Spent Fixer Solution by using the following hauler to collect it:

**Hauler:** \_\_\_\_\_

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

**City**  
**State, Zip:** \_\_\_\_\_

- 3. Other** (please explain):  
\_\_\_\_\_  
\_\_\_\_\_

**No.** Choose **one** of the three options below.

- 1. No.** Our practice does not have any Spent Fixer Solution on site.
- 2. No.** While our practice does have Spent Fixer Solution on site, we did not dispose of any in 2016.
- 3. Other** (please explain):

\_\_\_\_\_  
\_\_\_\_\_

**Section E. Best Management Practices for Dental Amalgam**

**Does the staff at this dental practice understand and follow Best Management Practices for handling Dental Amalgam?** Visit the website provided here to learn more about Best Management Practices for Dental Amalgam: [www.sanjoseca.gov/Archive.aspx?AMID=172](http://www.sanjoseca.gov/Archive.aspx?AMID=172) or use the QR Code Below.



- This dental practice has implemented and follows Best Management Practices for dental amalgam as required for compliance with our Wastewater Discharge Permit.
- We have some questions about the Best Management Practices for dental amalgam and request a call from a dental inspector.

**Please continue to Section F.**



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January 1 through December 31, 2016**



**Section F. Dentist Names and Days On Site**

**Please list all dentists and their days on site at this dental practice**

<b>Dentist Name</b> Please attach an additional sheet if needed.	<b>Dental License #</b>	<b>Which days of the week on site?</b> <b>Check all that apply.</b>
		M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>
		M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>
		M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>
		M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>

**Section G. Certification Statement**

Municipal Code requires that reports required by the Director shall be **signed by the Owner or an Executive Officer of the business filing the report**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the business.

“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.”

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

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dental Practice Name:** \_\_\_\_\_ **Dental Permit Number:** \_\_\_\_\_

**Dental Office Address (include Suite):** \_\_\_\_\_