

Dental Practice Inventory Report Form

Completion of this report is required under the District's Dental Inventory Program.

1. Name of Practice:			
Site Address:			
Street			
City, Zip Code			
	Name	Title	Phone #
Contact for Inventory:			()
Name(s) of Other Dentist(s) Practicing with you			
Name of Corporation (if applicable)			
Property Mgmt. Co.			
Street or PO Box			
City, Zip Code			
Property Mgmt. Contact			()

2. Facility Diagram

Attach a facility diagram of the dental practice identifying the location of:

- equipment in all areas in which dental activities are performed
- all fixtures connected to the sanitary sewer (e.g., sinks, floor drains, amalgam separators, silver recovery for x-ray developers, exposed hard plumbing)

3. Description of Activities

<p>A. Describe the dental activities performed at the practice (e.g., general dentistry, dental specialty, hygiene). Specify number of chairs at facility for each use. If you do not store, place, or remove any dental amalgam or any tooth material, state that here and skip to Section 5.B.</p>

B. Schedule:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

4. Water Usage

Water utility name	
Water account number(s)	
Is there a separate water meter for this practice?	Yes No
Average daily water use (if shared meter, provide estimate)	gallons per day
Estimated maximum daily water use	gallons per day

5. Dental Amalgam Best Management Practices (Refer to CCCSD Dental BMP brochure)

A. The following dental amalgam Best Management Practices are used at this practice:	
Use, when appropriate, mercury-free alternatives to amalgam.	Always Most of the time Less than half the time Never
Store scrap amalgam waste in designated, airtight container for disposal to proper recycler.	Always Most of the time Less than half the time Never
Clean or replace chairside amalgam traps or screens regularly. If yes, how often? Daily 2-3 times/week Weekly 2-3 times/month	Yes No 2-3 times/month
Clean or replace central vacuum filters or traps regularly . If yes, how often? Daily 2-3 times/week Weekly . 2-3 times/month	Yes No 2-3 times/month
Use line cleanser/disinfectant that will not solubilize mercury retained in plumbing system.	Always Most of the time Less than half the time Never
Use predosed encapsulated amalgam; discontinue use of bulk mercury and bulk alloy.	Always Most of the time Less than half the time Never
Do not clean up mercury spills with a commercial vacuum cleaner; trained personnel should clean it up.	Always Most of the time Less than half the time Never
Install and properly maintain an ISO-certified amalgam separator. If yes, how often do you do maintenance?	Yes No <hr/>

B. None of the above apply to my practice, and I am applying for an exemption from future Dental Practice Inventory Reports because _____

6. Dental Wastes

Dental Wastes Generated at Your Site	Generates Wastewater? (check Yes or No)		Pretreatment? ¹ (check Yes or No)		Process Waste Destination Code ²
	Yes	No	Yes	No	
Water that amalgam is stored under					
Wastes from chairside traps or screens, or vacuum trap					
Wastes from amalgam separator					
X-ray fixer					
Sterilizer solution					
Other (specify)					
¹ A description of all pretreatment systems shall be provided in Section 7 of this application. ² Destination Codes: S = sanitary sewer R = recycle on-site SD = storm drain H = hazardous waste O = other off-site management					

7. Pretreatment

Complete this table for all pretreatment systems referenced in Section 6.		
Pretreatment System ¹	Process Waste Streams Treated	Design Flow Capacity ²
¹ Specify technology used (e.g. amalgam separator). Attach pretreatment process schematic, if available. Note: if amalgam separator is used, specify make and model. ² Specify units of measurement.		

8. Hazardous Wastes

Complete this table for hazardous wastes generated at the practice. Attach a copy of the most recent manifest/receipt for the offhaul of each hazardous waste listed below.			
Description of Hazardous Waste ¹	Process(es) Generating Waste	Physical State Code ²	Generation Rate (specify units)
¹ Examples: amalgam, fixer, sterilizer ² Physical State Code: S = solid L = liquid P = pumpable solid/sludge			

9. Certification

The following statement must be signed by an authorized representative of the Dental Practice as specified in CCCSD Code Title 10.04.020 (B).

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision and in accordance with the system designed to insure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manages 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 knowingly submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Authorized Representative of Dental Practice:	
Signature	
Print Name	
Title	
Company Name	
Date	

Mail completed inventory report to:

CCCSD

Attn: Timothy Potter

5019 Imhoff Place

Martinez CA 94553