



## Section: Waste Amalgam

### Self-Audit Tips, Action Steps & Resources

#### Examples of mercury amalgam wastes

Waste mercury amalgam includes:

- Bits and pieces of scrap amalgam from teeth, screens, filters and traps
- Non-contact amalgam
- Disposable filters
- Elemental mercury and alloy before mixing
- Extracted teeth with amalgam
- Amalgam capsules
- Vacuum filters

#### Managing waste mercury amalgam

Collect all wastes containing amalgam. Store dry amalgam scrap in a sealed jar. Storing waste amalgam in liquids is *not* recommended. If you do store waste amalgam in liquid, you must manage the liquid as hazardous waste as well as the waste amalgam.

#### Managing amalgam- containing wastewater on a septic system

If your facility is on a septic system, amalgam-containing wastewater is prohibited from being discharged into a septic system. Start collecting the amalgam-containing wastewater and dispose of it as hazardous waste. If you treat the amalgam-containing wastewater through an approved amalgam separator, collect the treated wastewater and dispose of it as universal waste.

← *Refer to the tips, action steps and resources to help you complete the audit.*

#### 1. Does your business place or remove mercury amalgam in dental fillings?

- Yes. Fill out the Management Plan Form 2 — Waste Amalgam on page 3.
- No.

#### 2. Have you installed an amalgam separator to treat wastewater per the recommendations of the Metropolitan Council Environmental Services (MCES) and the Minnesota Dental Association (MDA)?

- Yes.
  - List the model of the amalgam separator installed at your business: \_\_\_\_\_
  - Fill out the Management Plan Form 2 — Wastewater with Amalgam on page 4 and the Management Plan Form 2 — Amalgam Separator Sludge and Filters on page 5.
- No.
  - Consider installing an amalgam separator approved by the MCES to remove amalgam from your wastewater. For a list of approved amalgam separators, see the MDA's website [www.mndental.org/dentist\\_home/member\\_services/member\\_programs/amalgam\\_recovery\\_program](http://www.mndental.org/dentist_home/member_services/member_programs/amalgam_recovery_program) or contact the MCES at 651-602-4708. Approved amalgam separators remove 99 percent or greater of amalgam particles.
  - Dental offices that have not installed an approved amalgam separator are subject to MCES regulations and permitting. Contact MCES at 651-602-4708 to apply for a permit.

## Section: Waste Amalgam (*continued*)

### Instructions for filling out the Management Plan Form 2

#### Follow the manufacturer's recommended flow rate

In order to be in compliance, a dental office must not put wastewater and flushing solution into the separator at any time at a flow rate greater than the manufacturer's recommended flow rate unless the amalgam separator has a flow restrictor.

### 3. If you use an amalgam separator, is it maintained and operated according to the manufacturer's specifications?

- Yes.
  - How often is your amalgam separator serviced? \_\_\_\_\_
  - For flow-through models:
    - What is the maximum ISO tested flow rate for your amalgam separator to achieve 99 percent removal?  
\_\_\_\_\_
    - Does your separator include a flow restrictor to control flow?     Yes    No
    - If you do not have a flow restrictor, do you limit the flow entering the separator to the ISO tested flow rate  
 Yes    No
  - For batch treatment models (i.e. overnight holding tanks):
    - What is the capacity of the holding tank?  
\_\_\_\_\_
    - Do you ensure that the wastewater volumes do not exceed the holding capacity?     Yes    No
    - Do you ensure that the holding tank is not decanted too quickly?     Yes    No
- No. To be exempt from the MCES permitting requirements, amalgam separators must be on the MDA's and MCES' approved list and must be operated and maintained per manufacturer's recommendations. Start operating and maintaining your amalgam separator according to the manufacturer's recommendations.

### 3. Do you have an inspection schedule and log for your amalgam separator to check for malfunctions, deterioration and discharges that may cause or lead to releases of hazardous waste to the environment?

- Yes. Ensure the inspection log includes the date and time of inspection, the name of inspector, recording of observations made, and date and nature of any repairs done as a result of the inspection.
- No. Develop an inspection schedule for your amalgam separator and document the inspections. Your inspection log must include the following: date and time of inspection, the name of inspector, recording of observations made, and date and nature of any repairs done as a result of the inspection

## Section: Waste Amalgam *(continued)*

### Instructions for filling out the Management Plan Form 2

**B. Year waste first generated:**  
Estimate if unknown.

**C. Shipment or treatment frequency:** For example: 2 times per 1 year. Write “to be determined” if you are unsure how often the waste will be disposed.

**F. Type of waste storage container:** Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

**H. Amount generated per year:** If you don't have a history of the amount of waste generated, estimate the amount that will be generated in a year.

**\*J./K. Transporter/Disposer name:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at [www.hennepin.us/hazwastedisposalcompanies](http://www.hennepin.us/hazwastedisposalcompanies).

### Management Plan Form 2 — Waste Amalgam

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

**A. Waste name:** Waste Amalgam

**B. Year waste was first generated at the site under current ownership:** \_\_\_\_\_

**C. Frequency of shipment or treatment:** \_\_\_\_\_ times per \_\_\_\_\_ year

**D. Source or process of generation (check all that apply):**

- Removal and/or placement of amalgam
- Bits and pieces from screens, filters and traps
- Disposable filters       Non-contact amalgam       Teeth with amalgam
- Elemental mercury and alloy before mixing       Amalgam capsules
- Other (specify) \_\_\_\_\_

**E. On-site management of waste (select one):**

- Stored for shipment (*You ship or will ship your waste to a disposal or recycling facility*)
- Other (specify) \_\_\_\_\_

**F. Type of waste storage container(s):**

- Bottle     Pail
- Other (specify) \_\_\_\_\_

**G. On-site storage location of the waste:**  Indoors     Outdoors     N/A

**H. Amount generated per year:** \_\_\_\_\_ gallons or \_\_\_\_\_ pounds

**I. Check that you understand and follow the requirements for proper labeling and storage:**

- Labeled with a clear description of the waste (e.g., Waste Amalgam)
- Container is closed

**J. Transporter name\*:** \_\_\_\_\_

- or  Self
- To be determined\*

**K. Disposer name\*:** \_\_\_\_\_

- or  To be determined\*

*Office use only*

Waste code: D009

Phys. state: Inorganic solid

Storage container:

Billing code:

Disposer EPA ID number: \_\_\_\_\_

Transporter EPA ID number: \_\_\_\_\_

Disposal method:

Inv. ID:

Date entry & initials:

Waste inactive:

## Section: Waste Amalgam *(continued)*

### Instructions for filling out the Management Plan Form 2

**B. Year waste first generated:**  
Estimate if unknown.

**C. Shipment or treatment frequency:** For example: 2 times per 1 year. Write “to be determined” if you are unsure how often the waste will be disposed.

**F. Type of waste storage container:** Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

**H. Amount generated per year:** It is estimated that, generally, 1 liter of wastewater is generated per dental chair per day. If your dental office has dedicated chairs for amalgam removal and placement, estimate the volume of amalgam separator wastewater based on the number of chairs and the number of days per year each chair is in service. If you don't have a history of the amount of waste generated, estimate the amount that will be generated in a year.

**\*J./K. Transporter/Disposer name:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at [www.hennepin.us/hazwastedisposalcompanies](http://www.hennepin.us/hazwastedisposalcompanies).

### Management Plan Form 2 — Wastewater with Amalgam

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← *Refer to the instructions for more information.*

**A. Waste name:** Wastewater with Amalgam

**B. Year waste was first generated at the site under current ownership:** \_\_\_\_\_

**C. Frequency of shipment or treatment:** \_\_\_\_\_ times per \_\_\_\_\_ year

**D. Source or process of generation (check all that apply):**

Removal and/or placement of amalgam

Other (specify) \_\_\_\_\_

**E. On-site management of waste (select one):**

Stored for shipment (*You ship or will ship your waste to a disposal or recycling facility*)

Other (specify) \_\_\_\_\_

**F. Type of waste storage container(s):**

Bottle     Drum     Pail     Original container

Other (specify) \_\_\_\_\_

**G. On-site storage location of the waste:**  Indoors     Outdoors     N/A

**H. Amount generated per year:** \_\_\_\_\_ gallons or \_\_\_\_\_ pounds

**I. Check that you understand and follow the requirements for proper labeling and storage:**

Labeled with a clear description of the waste (e.g., Waste Amalgam)

Container is closed

**J. Transporter name\*:** \_\_\_\_\_

or  Self

To be determined\*

**K. Disposer name\*:** \_\_\_\_\_

or  To be determined\*

*Office use only*

Waste code: D009

Phys. state: Inorganic solid

Storage container:

Billing code:

Disposer EPA ID number: \_\_\_\_\_

Transporter EPA ID number: \_\_\_\_\_

Disposal method:

Inv. ID:

Date entry & initials:

Waste inactive:

## Section: Waste Amalgam (continued)

### Instructions for filling out the Management Plan Form 2

**A. Waste name:** Includes vacuum filters, separator filters and sludge.

**B. Year waste first generated:** Estimate if unknown.

**C. Shipment or treatment frequency:** For example: 2 times per 1 year. Write "to be determined" if you are unsure how often the waste will be disposed.

**F. Type of waste storage container:** Storage containers must be:

- Compatible with the waste (will not react with, be affected by, or absorb contents)
- Sturdy and leak-proof (will not leak when overturned or bumped)

**\*J./K. Transporter/Disposer name:** See *Hazardous Waste Disposal Companies* factsheet to find a transporter and disposer. The factsheet may be included with the self audit or can be downloaded at [www.hennepin.us/hazwastedisposalcompanies](http://www.hennepin.us/hazwastedisposalcompanies).

### Management Plan Form 2 — Amalgam Separator Sludge or Filters

Report how you manage or will manage your wastes. Call 612-348-3777 for assistance.

← Refer to the instructions for more information.

**A. Waste name (check all that apply):** Amalgam Separator  Sludge  Filters

**B. Year waste was first generated at the site under current ownership:** \_\_\_\_\_

**C. Frequency of shipment or treatment:** \_\_\_\_\_ times per \_\_\_\_\_ year

**D. Source or process of generation (check all that apply):**

Removal and/or placement of amalgam

Other (specify) \_\_\_\_\_

**E. On-site management of waste (select one):**

Stored for shipment (*You ship or will ship your waste to a disposal or recycling facility*)

Other (specify) \_\_\_\_\_

**F. Type of waste storage container(s):**

Bottle  Drum  Pail  Original container

Other (specify) \_\_\_\_\_

**G. On-site storage location of the waste:**  Indoors  Outdoors  N/A

**H. Amount generated per year:** \_\_\_\_\_ gallons or \_\_\_\_\_ pounds

**I. Check that you understand and follow the requirements for proper labeling and storage:**

Labeled with a clear description of the waste (e.g., Waste Amalgam)

Container is closed

**J. Transporter name\*:** \_\_\_\_\_

or  Self

To be determined\*

**K. Disposer name\*:** \_\_\_\_\_

or  To be determined\*

*Office use only*

Waste code: D009

Phys. state: Inorganic solid

Storage container:

Billing code:

Disposer EPA ID number: \_\_\_\_\_

Transporter EPA ID number: \_\_\_\_\_

Disposal method:

Inv. ID:

Date entry & initials:

Waste inactive: