Dental Amalgam Recycling/Disposal Certification Statement

Return this completed form by mail or email along with required disposal documentation
JEA Environmental Services 21 W. Church St. T-8 Jacksonville, FL 32202 OR email to: waldzw@jea.com

Check One: ___ New Facility (Est. After 7/14/17) ___ Existing Facility ___ Transfer Ownership

Please correct / complete file information below

Dental Facility:_____ Facility ID: _____
Address: _____City: _____ State: FL Zip: _____
Phone #: _____ Fax #: _____
Email: (please include email)

Applicability: Check One

____ I certify that during the current compliance period listed above, this facility **has disposed or recycled amalgam** and/or mercury in accordance with the *JEA Best Management Practices for Mercury Waste Management in Dental Offices.*
Complete sections A, B, and C

____ I certify that during the current compliance period listed above, this facility **has not disposed** or recycled amalgam and/or mercury, but rather it **has been stored on-site** in accordance with the *JEA Best Management Practices for Mercury Waste Management in Dental Offices.*
Complete sections A and C

____ I certify that during the current compliance period listed above, this facility **has not handled amalgam** and/or mercury, and does not have any amalgam and/or mercury on-site nor performed any procedures involving amalgam removal or extraction.
Complete section C only

Section A: Description of Amalgam Separator or Equivalent Device

Dental facilities are required to install an ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separator (or equivalent devices) that captures all amalgam containing waste at all chairs at which amalgam placement or removal may occur.

Make	Model	Year of installation

A dental facility that installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements above, must be replaced with an amalgam separator that meet the requirements after their useful life has ended and no later than June 14, 2027, whichever is sooner. New facilities or facilities that have transferred ownership have 90 days to contact this office with an updated certification form.

Section B: **Amalgam Disposal Record**

_____

Name of Disposal Company

_____

Address of Disposal Company

Date(s) of Disposal _____

Total Disposed (lbs.) _____

A legible copy of the disposal documentation such as a disposal manifest(s) confirming the date and amount of material removed by a licensed mercury recycler or handler must be included with this statement.

Section C: Certification Statement

I certify that, to the best of my knowledge, this facility has abided by the *JEA Best Management Practices for Mercury Waste Management in Dental Offices* during the current compliance period and the above information is true and accurate to the best of my knowledge.

_____	_____
Name of Authorized Representative (type or print)	Title
_____	_____
Signature	Date

Retention Period

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this Certification Statement and make it available for inspection in either physical or electronic form.

For more information, see the JEA Best Management Practices for Dental Amalgam Booklet at https://www.jea.com/About/Wastewater/Industrial_Pretreatment/Mercury_Waste_Management_in_Dental_Offices/