



## Dental Amalgam Recycling/Disposal Certification Statement

**Return this completed form by mail or email along with required disposal documentation.**

JEA Environmental Services 225 North Pearl Street, Jacksonville, FL 32202 OR email to: [dentalamal@jea.com](mailto:dentalamal@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

**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**

If 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 on JEA’s Best Management Practices for Dental Amalgam, scan the QR code below or visit:**

**[https://www.jea.com/Business\\_Resources/Industrial\\_Pretreatment/Commercial\\_Best\\_Management Practices/Mercury Waste Management in Dental Offices/](https://www.jea.com/Business_Resources/Industrial_Pretreatment/Commercial_Best_Management_Practices/Mercury_Waste_Management_in_Dental_Offices/)**

