



FOR OFFICE USE ONLY

RECORD _____

ENTERED _____

Dental Office Best Management Practices Survey

Business Name _____ Date _____

Physical Address _____ Zipcode _____

Mailing Address if different _____

Phone _____ Fax _____ E-mail _____

Names of other dentists in your practice _____

Radiographic Materials

1. What type of X-ray technology is used at this location?

Traditional Radiography

Electronic Imaging

2. How much fixer is used **per month**? _____

3. How does this office dispose of spent fixer?

Dumped down the drain to the sanitary sewer

Metal replacement canister, Provider Name _____

Stored on-site for future disposal

Recycled, Provider Name _____

4. How much X-ray film is purchased **quarterly**? _____

5. How does this office dispose of X-ray lead foil?

Disposed of in the trash

Hazardous waste, Provider Name _____

Stored on-site for future disposal

Returned to vendor, Vendor Name _____

Disposed of as a biohazard material

Recycled, Provider Name _____

Survey continues on the reverse side

Amalgam Materials

6. Does this office “place” Yes No OR “remove” Yes No amalgam fillings?

7. How does this office dispose of amalgam particles?

- Disposed of in the trash
- Hazardous waste, Provider Name_____
- Stored on-site for future disposal
- Returned to vendor, Vendor Name_____
- Disposed of as a biohazard material
- Recycled, Provider Name_____

8. How does this office dispose of the unused portion of amalgam capsules?

- Disposed of in the trash
- Hazardous waste, Provider Name_____
- Stored on-site for future disposal
- Returned to vendor, Vendor Name_____
- Disposed of as a biohazard material
- Recycled, Provider Name_____

9. Does this office have an amalgam separator as required by Senate Bill 704 which went in affect in January 2008? Yes No Year installed_____ Brand Name_____

10. How often do you clean and service the amalgam separator_____ Who cleans and or services the amalgam separator_____

11. Does your office have: Mercury Spill Kit? Yes No Not Applicable
Spill Control Plan for chemical spills? Yes No

Certification Statement

I hereby certify that my office complies with the Best Management Practices for the recycling and disposal of amalgam, mercury, silver (X-ray fixer), and X-ray lead foil as indicated above.

Responsible Person’s signature Date

Please print name signed above_____

Please return this survey to City of Salem Environmental Services
1410 20th St SE
Salem OR 97302-1209
or fax it to 503-588-6394