City of Springfield Dental BMP Compliance Survey
(If more than one office, please make copies of this form, and submit for one survey for each office)

Business Name ________________________________________________________________________

Name______________________________________________________ DMD or DDS ______________

Mailing Address: _______________________________________________________________________
City______________________________________________ State_______ Zip_____________________

Office Site Address:________________________________________ Phone(_____)_________________
City_____________________ State_______ Zip________________ Fax(_____)____________________

Do you have other offices? □ Yes    □ No.  If yes, how many?_______

Name of other Dentists in your practice ________________________________

Address(es) of other offices ___________________________________________

Type of Dental Practice
□ General Practice
□ Endodontics
□ Oral Surgery
□ Prosthodontics
□ Pediatric Dentistry
□ Orthodontics
□ Periodontics

What X-ray technology do you use?
□ Traditional radiography
□ Electronic Imaging
□ No X-rays used at this site

If you process radiographs on site, how many gallons of fixer do you use/month?
□ 0       □ 2-<3
□ <1 gal.  □ 3-<4
□ 1-gal.   □ 4-<5
□ 1-<2     □ If more than 5, how many? _________

How do you dispose of your spent fixer?
□ BMP Commercial recycler picks up
□ BMP Take or sent to recycling service
□ BMP Metal replacement canister set up by recycler
□ BMP Stored on site pending future disposal
□ NOT BMP Down the drain to the sewer system
□ NOT BMP Solidification of fixer (or fixer+developer) and disposal in trash.
□ BMP? Other (Specify)________________________

Name of your used fixer recycling/disposal service ________________________________

How do you dispose of X-Ray lead foil?
□ BMP Commercial recycler picks up?
□ BMP Take or send to recycling service
□ BMP Stored on site pending future disposal
□ NOT BMP Dispose of in regular trash
□ NOT BMP Dispose via biohazard “red bag service”
□ NOT BMP Melt down and make into fishing weights
□ BMP? Other (specify)________________________

Please name your lead foil recycling/disposal service ________________________________

How many amalgam fillings do you place per day? (average)
□ 0       □ 11-15
□ 1-5     □ If more than 15, how many? _________
□ 6-10    □ If more than 15, how many? _________

How many amalgam fillings do you remove per day? (average)
□ 0       □ 11-15
□ 1-5     □ If more than 15, how many? _________
□ 6-10    □ If more than 15, how many? _________

How do you dispose of amalgam particles recovered from the vacuum system? (Both chair-side trap and trap before suction pump)
□ BMP Commercial recycler picks up?
□ BMP Take or send to recycling service
□ BMP Stored on site pending future disposal
□ NOT BMP Dispose of in regular trash
□ NOT BMP Dispose via biohazard “red bag service”
□ BMP? Other (specify)________________________

Please name your amalgam recycling/disposal service ________________________________
How do you dispose of the unused portion of amalgam capsules?

☐ BMP Commercial recycler picks up?
☐ BMP Take or send to recycling service
☐ BMP Stored on site pending future disposal
☐ NOT BMP Dispose of in regular trash
☐ NOT BMP Dispose via biohazard “red bag service”
☐ BMP? Other (specify)_______________________

Please name your amalgam recycling/disposal service______________________________________________

Does your office have an amalgam separator?

☐ Yes ☐ No

If yes, year it was installed? ______

_____(Note: A separator is not required for BMP compliance)

In your office, who is responsible for handling fixer waste?

☐ Dentist ☐ Hygienist
☐ Assistant ☐ Other (please specify)_______________________

In your office, who is responsible for handling amalgam wastes?

☐ Dentist ☐ Hygienist
☐ Assistant ☐ Other (please specify)_______________________

I HEREBY CERTIFY THAT MY OFFICE COMPLIES WITH THE BEST MANAGEMENT PRACTICES FOR RECYCLING/DISPOSAL OF AMALGAM, MERCURY, SILVER (FROM X-RAY FIXER) AND X-RAY LEAD FOIL AS OUTLINED IN THE ODA BEST MANAGEMENT PRACTICES GUIDE

Signed by:_________________________________________ Dentist Signature ___________________________ Date ____________

Please print name signed above __________________________________________________________

Questions? Call Beryl Fletcher, ODA Director of Professional Affairs
1-800-452-5628 Ext. 106

or

Bill Hamman, Pretreatment and Pollution Prevention Supervisor
(541) 726-3693

ODA members mail or fax survey back to: Non-ODA member dentists mail or fax to:

Attention: Bill Hamman, Pretreatment & Pollution Supervisor
Beryl Fletcher, Director of Professional Affairs
Oregon Dental Association
P O Box 3710
Wilsonville, OR 97070-3710
Fax # (503) 218-2009

Attention: City of Springfield ESD.
225 Fifth Street
Springfield OR 97477
(541) 726-2309

For ODA use Date survey received