



Clackamas County Dental BMP Compliance Survey
(If more than one office, please make copies of this form, and submit for each office, the survey and signed certification of compliance with Dental BMP)

Business Name ^{A-0} _____

Name ^{A-1} _____ DMD or DDS ^{A-2} _____

Mailing Address: ^{A-3} _____

City ^{A-4} _____ State ^{A-5} _____ Zip ^{A-6} _____

Office Site Address: ^{A-7} _____ Phone ^{A-8} (____) _____

City ^{A-9} _____ State ^{A-10} _____ Zip ^{A-11} _____ Fax ^{A-12} (____) _____

Do you have other offices? ^{A-14} Yes No. If yes, how many? ^{A-15} _____

Name of other Dentists in your practice _____

Address(es) of other offices _____

Type of Dental Practice

- ^{B-1} General Practice
- ^{B-2} Endodontics
- ^{B-3} Oral Surgery
- ^{B-4} Prosthodontics
- ^{B-5} Pediatric Dentistry
- ^{B-6} Orthodontics
- ^{B-7} Periodontics

What X-ray technology do you use?

- ^{C-1} Traditional radiography
- ^{C-2} Electronic Imaging
- ^{C-3} No X-rays used at this site

If you process radiographs on site, how many gallons of fixer do you use/month?

- ^{E-1} 0
- ^{E-2} <1 gal.
- ^{E-3} 1-gal.
- ^{E-4} 1-<2
- ^{E-5} 2-<3
- ^{E-6} 3-<4
- ^{E-7} 4-<5
- ^{E-8} If more than 5, how many? ^{E-9} _____

How do you dispose of your spent fixer?

- ^{F-1} BMP Commercial recycler picks up
- ^{F-2} BMP Take or sent to recycling service
- ^{F-3} BMP Metal replacement canister set up by recycler
- ^{F-4} Stored on site pending future disposal
- ^{F-5} NOT BMP Down the drain to the sewer system
- ^{F-6} NOT BMP Solidification of fixer (or fixer+developer) and disposal in trash.
- ^{F-7} BMP? Other(Specify) ^{F-8} _____

Name of your used fixer recycling/disposal service

^{F-8} _____

How do you dispose of X-Ray lead foil?

- ^{G-1} BMP Commercial recycler picks up?
- ^{G-2} BMP Take or send to recycling service
- ^{G-3} Stored on site pending future disposal
- ^{G-4} NOT BMP Dispose of in regular trash
- ^{G-5} NOT BMP Dispose via biohazard "red bag service"
- ^{G-6} BMP Melt down and make into fishing weights
- ^{G-7} BMP? Other (specify) ^{G-8} _____

Please name your lead foil recycling/disposal service

^{G-9} _____

How many amalgam fillings do you place per day? (average)

- ^{H-1} 0
- ^{H-2} 1-5
- ^{H-3} 6-10
- ^{H-4} 11-15
- ^{H-5} If more than 15, how many? ^{H-6} _____

How many amalgam fillings do you remove per day? (average)

- ^{H-1} 0
- ^{H-2} 1-5
- ^{H-3} 6-10
- ^{H-4} 11-15
- ^{H-5} If more than 15, how many? ^{H-6} _____

How do you dispose of amalgam particles recovered from the vacuum system? (Both chair-side trap and trap before suction pump)

- ^{J-1} BMP Commercial recycler picks up?
- ^{J-2} BMP Take or send to recycling service
- ^{J-3} Stored on site pending future disposal
- ^{J-4} NOT BMP Dispose of in regular trash
- ^{J-5} NOT BMP Dispose via biohazard "red bag service"
- ^{J-6} BMP? Other(specify) ^{J-7} _____

Please name your amalgam recycling/disposal service

^{J-8} _____

How do you dispose of the unused portion of silver amalgam capsules?

- I-1 BMP Commercial recycler picks up?
- I-2 BMP Take or send to recycling service
 - I-3 Stored on site pending future disposal
 - I-4 NOT BMP Dispose of in regular trash
 - I-5 NOT BMP Dispose via biohazard "red bag service"
- I-6 BMP? Other (specify) I-7 _____

Please name your amalgam recycling/disposal service

I-8 _____

Does your office have an amalgam separator?

- Yes
- No

If yes, year it was installed? _____

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

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 N-1 _____

Date

Please print name signed above: N-2 _____

Questions? Call Beryl Fletcher, ODA Director of Professional Affairs

1-800-452-5628 Ext. 103

OR

Curtis Barton, Source Control Coordinator

(503) 557-2833

For ODA members please mail survey back to:

Att: Beryl Fletcher
ODA
17898 SW McEwan Rd.
Portland OR 97224

ATT: Beryl Fletcher ODA 503-620-4169(fax)

for non-ODA members

Att: Curtis Barton
Water Environment Services of Clackamas Co.
15941 S. Agnes Avenue, Bldg. B
Oregon City, OR 97045
or fax: (both sides)

ATT: Curtis Barton (503) 557-2840 (fax)

For ODA use Date survey received