



**City of Bloomington Utilities
2017 Dental Facility Information Survey**

The City of Bloomington Utilities (CBU) is conducting this survey in order to gain knowledge and statistics on area dental facilities for the EPA Dental Rule.

Name of owner/owners	
Facility name and address	
Phone number and email	
Date facility began discharging into the sanitary sewer	
List all dentists practicing in the facility	
Type of practice, include all performed at facility (general, orthodontics, periodontics, etc.)	
Number of chairs in facility	
Approximate number of patients	
Number of chairs with amalgam separators and how often they are cleaned	or N/A
Number of chair side traps and how often they are cleaned	or N/A
Type of fillings placed (amalgam, resin, etc.)	or N/A
Are amalgam fillings removed in the facility?	What percent of procedures in a year _____% Total times in a year _____ or N/A
Are amalgam fillings removed or filled on an emergency basis only?	What percent of procedures <u>removed</u> in a year _____% Total times in a year _____ What percent of procedures <u>filled</u> in a year _____% Total times in a year _____

Continue survey on reverse side. Thank you

Return form to: City of Bloomington Utilities, Attention: Tamara Roberts, P.O. Box 1216 Bloomington, Indiana 47402-1216,
Fax to CBU at (812) 349-3683, or email at pottsm@bloomington.in.gov; For information contact: [Mary Ellen Potts at 812-349-3661](tel:812-349-3661)



City of Bloomington Utilities
2017 Dental Facility Mercury Best Management Practices Survey

It is the intention of the City of Bloomington Utilities (CBU) to encourage implementation of all mercury Best Management Practices (BMPs).

IF YOU DO NOT PLACE OR REMOVE ANY AMALGAM FILLINGS, CHECK HERE , AND SKIP THE BEST MANAGEMENT PRACTICE QUESTIONS. PLEASE SIGN AND DATE AT THE BOTTOM OF THIS SIDE, COMPLETE THE SURVEY ON THE REVERSE SIDE, AND RETURN IN THE ENVELOPE PROVIDED.

	Best Management Practices	Completed		Scheduled		
		Yes	No	Yes	Date	No
Policy	1. Has all bulk mercury been eliminated from the stock in your office?					
	2. Does your dental office use pre-capsulated alloys?					
	3. Does your dental office recycle disposable amalgam capsules?					
Procedures	4. Does your dental office capture and recycle non-contact scrap amalgam?					
	5. Does your dental office capture and recycle contact amalgam, including the contents of chairside traps?					
	6. Does your dental office recycle contact amalgam retained by the vacuum pump filter?					
	7. Does your dental office disinfect and recycle extracted teeth with amalgam fillings?					
Chemicals	8. Does your dental office use non-chlorine, non-bleach line cleaners that minimize the dissolution of amalgam? What is the pH of cleaners used? pH_____					
Equipment	9. Does your dental office have and maintain an amalgam separator meeting ISO standards? Manufacturer: _____ Model: _____ Please circle Percent of removal: 95% 99% other _____					

Name and address of vendor where amalgam is recycled: _____

Check here _____ for more information or resources about recycling centers.

I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete.

Name of Official (printed)

Signature of Official

Title

Date

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