

City of Bloomington Utilities
Pretreatment Program
Amalgam Separator Cleaning Record Verification Log

Dental Facility Name: _____

Address: _____

Date/ Time	Cleaned By	Witnessed By	Measured/ Estimated Volume Removed	Waste Disposal Location/Method	Comments	Name of Facility Receiving Contact Amalgam	Shipping/Pick up Date

Instructions: Document each date that dental amalgam is picked up or shipped for proper disposal. Keep all manifests, receipts, etc, provided by the storage and/or disposal facility and this log for a minimum of 3 years following each event. If you have any questions contact the Pretreatment Coordinator at 812-349-3946.