

City of Bloomington Utilities  
Pretreatment Program  
Amalgam Separator Repair and Replacement Log

Dental Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Persons Making Repair or Replacements	Description of Repair or Replacement	Amalgam Separator
			Make _____ Model _____
			Make _____ Model _____
			Make _____ Model _____
			Make _____ Model _____
			Make _____ Model _____
			Make _____ Model _____
			Make _____ Model _____
			Make _____ Model _____

Instructions: Document all amalgam separator repair and replacements on this form. Be sure to fill out the form completely, keep all records and receipts for purchase or repair, and this log for a minimum of 3 year following each event. If you have any questions contact the Pretreatment Coordinator at 812-349-3946.