



## DENTAL AMALGAM SURVEY

Message to the Dental Professional:

Discharges from sewage plants and old mercury and gold mines are enough to make the San Francisco Bay an impaired watershed. Our sewage treatment plant is not designed to remove amalgam, which results in mercury from our sewer system being released to the Bay. Therefore, the Regional Water Quality Control Board has directed us to decrease the amount of mercury that we accept into our sewer system.

Because of these concerns, our service area dental practices are being asked to reduce their amalgam discharges to the sewer. What can you do? An important and easy first step is to implement best management practices to capture and recycle mercury wastes generated when you place or remove dental amalgams.

You can also help us solve the mercury problem by filling in this survey to tell us how your practice manages its mercury amalgam wastes today. Please complete and return by 9/17/01.

You can get more information about the San Francisco Bay mercury problem from the following website:

< [http://www.unionsanitary.com/p2site/mer\\_red\\_prog.htm](http://www.unionsanitary.com/p2site/mer_red_prog.htm) >

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**Please complete and return this survey by September 17, 2001.**

Return by mail or FAX survey to:

Wade Jackson  
Union Sanitary District  
5072 Benson Road  
Union City, CA 94587  
510-477-7623  
Fax: 510-477-7501

If you have questions or comments, please contact: Wade Jackson, Environmental Program Coordinator.

**DOES YOUR DENTAL PRACTICE PLACE, REMOVE, OR STORE MERCURY CONTAINING AMALGAM?**

Yes       No

**If yes, proceed with this survey. If no, complete Section A only.**

## A. GENERAL INFORMATION ABOUT YOUR PRACTICE

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Type of Practice:  General  Pediatric  Endodontics  Other: \_\_\_\_\_

Name(s) of Dentist(s): \_\_\_\_\_

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

Business Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Office Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Total Number of Dental Practice Staff: \_\_\_\_\_

Office Hours: Start \_\_\_\_\_ End \_\_\_\_\_ Days of Week: S M T W TH F S

## B. DETAILS OF YOUR AMALGAM USAGE

Note the amount of amalgam this practice used during:

1999 \_\_\_\_\_mg      2000 \_\_\_\_\_mg      2001 (to date) \_\_\_\_\_mg

What size pre-mixed spill capsules does this practice use? (Check all that apply.)

400 mg     600mg     800mg     Other \_\_\_\_\_

What is the percentage of mercury contained in the amalgam used by this dental practice (consult the MSDS): \_\_\_\_\_%

Average <b>number of amalgams already present</b> in your patients' mouths	surfaces
The average <b>number of amalgams removed</b> per month at this office	
The average <b>size of these amalgams that are removed</b> at this office	surfaces
The average <b>number of amalgams placed</b> per month at this office	
The average <b>size of these amalgams that are placed</b> at this office	surfaces
Number of chairs at this office where amalgams are placed or removed	

### C. How Do You Dispose Of Your Waste Amalgam?

Describe how waste amalgam is currently disposed of at this dental office (Check all that apply)

- Placed in a container for pick up by amalgam recycler
- Placed in redbags for disposal as medical waste
- Placed in the trash
- Placed in the sink
- Other (Describe)\_\_\_\_\_

Describe how chairside screens, traps, & filters are currently disposed of at this dental office (Check all that apply)

- Placed in a container for pick up by amalgam recycler
- Placed in redbags for disposal as medical waste
- Placed in the trash
- Cleaned in the sink & reused
- Other (Describe)\_\_\_\_\_

How often does recycle or redbag contractor pick up your amalgam wastes?

- Monthly
- Quarterly
- Six Months
- Annually

### D. Description Of Your Operatory Equipment

Cuspidor

Does this office use a cuspidor for those chairs where amalgam is placed or removed?

- Yes
- No

If yes, indicate what type is used:

- Wet cuspidor
- Continuous flow
- Flush-flow
- Trap in cuspidor bowl      Opening size of trap: \_\_\_\_\_mm

### E. Description of Your Vacuum System Equipment

Does this office use a vacuum system for those chairs where amalgam is placed or removed?

- Yes
- No

If yes, indicate what type of vacuum system is used (Check all that apply)

- Saliva Remover Vacuum
- Local Vacuum Unit in Operatory
- High Speed Suction
- Central Vacuum Unit
- Opening Size of Chairside Screen in Operatory Vacuum Line: \_\_\_\_\_mm
- Water Cooled Vacuum Pump
  - w/Pre-screen      mesh hole size: \_\_\_\_\_ mm
  - w/Pre-filter      rated for \_\_\_\_\_ micron sized particles
- Other Amalgam Separator—Specify type & vendor: \_\_\_\_\_
- Air-Cooled Vacuum Pump
  - w Air-water separator tank      Tank volume \_\_\_\_\_ gallons
  - w/Pre-screen      mesh hole size: \_\_\_\_\_ mm
  - w/Pre-filter      rated for \_\_\_\_\_ micron sized particles
- Other Amalgam Separator—Specify type & vendor: \_\_\_\_\_