

DENTAL OPERATION SURVEY



(Please **complete** requested data or **check** all, which apply and return survey to the IP. Program)

A. User Site Information:

- 1. Business name.
2. Physical address.
3. Mailing address.
4. City, State, Zip Code.
5. Business Telephone.
6. Site Contact.

B. Description of Planned Activities:

- Medical or dental office
Landscape Irrigation
Other;(if checked, please describe)

C. Water Information:

- 1. Planned source(s) of water.
2. If other, please describe:

D. Process Information:

- 1. # Of Dentists
a. # Of Restorative chairs
b. # Of Hygiene-only chairs
c. # Of Orthodontist chairs
2. Amalgam Fillings
a. Do you use mercury-containing amalgam or composites in your facility?
b. Is the cuspidor used when placing/removing amalgam fillings?
3. Vacuum Systems
a. What type?
b. Are vacuum filters, or some type of secondary filter used?
c. What brand/manufacturer of vacuum filters do you use?
d. If yes, how often are vacuum filters cleaned?
e. By whom?
4. Cleaners/disinfectant
a. Sterilizer / Auto claves
b. What do you use as a line cleaner/disinfectant?
c. How often do you clean the lines?
5. Mercury Sources
a. Bulk (raw) mercury in your office.
b. Other sources (thermometers, blood pressure cuffs, etc)
c. Fluorescent Lamps

- 6. X-ray
 - a. Digital
 - b. Fixer solution generated (Wet chemistry)
 - c. Lead foils / shields / Aprons – Used on site.
- 7. Material Safety Data Sheets (MSDS) Provide a copy for process chemicals used.
 - a. Photo-processing solutions
 - b. Amalgam
 - c. Sterilization solutions

E. Process Wastewater Generated On Site.

- 1. Photo-processing (X-ray Fixer Solution)
- 2. Sterilization
- 3. Other, explain: _____

F. Pretreatment:

- 1. Amalgam traps or separators
 - a. Chair side trap-filters
 - b. Other; describe - _____
 - c. Mfg. And Model type: _____
- 2. Photo-processing silver recovery unit
 - a. Location. _____
 - b. Mfg. And Model type: _____
- 3. Solids Interceptor
 - a. Location. _____
 - b. Mfg. And Model type: _____

G. Spill Containment / Response Plan

- 1. Do you have a Mercury (Hg) Spill Response Procedure yes, no
- 2. How often is an employee trained on Hg spill procedures? _____

H. Solid Waste:

- 1. Types
 - a. Chair side trap/filter
 - b. Vacuum Filter / Secondary filter
 - c. Amalgam
 - 1. Used
 - 2. Scrap (non-contact) amalgam
 - 3. Pulled teeth containing amalgam fillings
 - d. Silver recovery unit (canister, ect.)
 - e. Lead Equipment (foils, shields, aprons)
 - f. Medical waste
- 2. Disposal / Maintenance (Please complete attachment page or submit copy of information)
 - a. How often are units cleaned or maintained? _____
 - b. Name and contact information. _____

I. Authorized Representative:

I hereby certify that the information found in this application is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

- 1. Name: _____ Title: _____
- 2. **Signature:** _____ **Date:** _____

Please return form to: jeff.knebel@cedarparktexas.gov

Industrial Pretreatment Program, 2401 Brushy Creek Lp, Cedar Park, TX 78613, 512-401-5592, Fax: 258-1543