

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. \_\_\_\_\_, Fax No.: \_\_\_\_\_
- 6. Site Contact. \_\_\_\_\_, Title: \_\_\_\_\_

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.    \_\_\_\_ City of C.P.    \_\_\_\_ Water well    \_\_\_\_ Other
- 2. **If other, please describe:** \_\_\_\_\_

D. Process Information:

- 1. \_\_\_\_ # Of Dentist      \_\_\_\_ # of dentist working with amalgam
  - a. \_\_\_\_ # Of Restorative chairs      c. \_\_\_\_ # Of Orthodontist chairs
  - b. \_\_\_\_ # Of Hygiene-only chairs
- 2. Amalgam Fillings
  - a. Do you use mercury-containing amalgam or composites in your facility?
    - 1. \_\_\_\_ Preparation    \_\_\_\_ Placement    \_\_\_\_ Removal
    - 2. \_\_\_\_ Amalgam,    \_\_\_\_ Composites,    \_\_\_\_ Both
    - 3. Estimated amalgam fillings removed each month;    \_\_\_\_ 0, \_\_\_\_ <20 \_\_\_\_ >20
  - b. Is the cuspidor used when placing/removing amalgam fillings?    \_\_\_\_ yes, \_\_\_\_ no
- 3. Vacuum Systems
  - a. What type?
    - 1. \_\_\_\_ Liquid-Ring Vacuum Pump (wet pump, water-ring, water seal, etc)
    - 2. \_\_\_\_ Dry Pump (AKA: turbine vacuum pump)
    - 3. \_\_\_\_ Other: \_\_\_\_\_
  - b. Are vacuum filters, or some type of secondary filter used?    \_\_\_\_ yes, \_\_\_\_ no
  - 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
    - 1. \_\_\_\_ Steam      2. \_\_\_\_ Dry heat
    - 3. \_\_\_\_ Chemical Vapor      4. \_\_\_\_ Cold solution
  - 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](mailto:jeff.knebel@cedarparktexas.gov)**

Industrial Pretreatment Program, 2315 183A Toll Road, Cedar Park, TX 78613, 512-401-5592, Fax: 401-5593