## Dental Questionnaire

### 1. Contact Information
   a. Name of Business
   b. Contact Name
   c. Address
   d. Phone Number
   e. Email Address

### 2. Amalgam Use
   a. Number of patients per week?
   b. Number of fillings done on average per week?
   c. Type of fillings?
   d. Percent amalgam fillings
   e. Number of amalgam fillings removed per week?

### 3. Waste Management
   a. Disposal method for amalgam
      1) Contact amalgam
      2) Non-contact amalgam
      3) Are they disposed of together?  Yes  No
   b. Does the practice have chair side traps? Yes  No
      1) If yes, how often are they cleaned?
      2) How is the waste collected from the chair side traps disposed of?
         - Recycled off-site
         - Put in trash
         - Put in biohazard bag
         - Hazardous waste disposal
         - Washed down the sink
         - Other (specify)
   c. Are vacuum filters or some type of secondary filter used? Yes  No
      1) If yes, how often are they cleaned?
      2) How is the waste collected disposed of?
         - Recycled off-site
         - Put in trash
         - Put in biohazard bag
         - Hazardous waste disposal
         - Washed down the sink
         - Other (specify)
   d. Does your practice use amalgam separators? Yes  No
      1) If yes, what kind
      2) Is the separator 2008 ISO 11143 Standard compliant? Yes  No
      3) How often is it serviced?
   e. Does any other wastewater treatment exist to capture amalgam? Yes  No
      1) If yes, Please specify
f. If waste amalgam is shipped to a refiner, please provide the name, address and phone number of the refiner.

Name _____________________________________________
Address _____________________________________________
Phone ______________________________________________

4. X-Ray Waste
   a. How much x-ray fixer is disposed per month? ____________________________
   b. What is the strength of the fixer? ____________________________
   c. Is fixer mixed with the developer? ____________________________
   d. How is the fixer disposed?
      _____ Recycled off-site     _____ Hazardous waste disposal
      _____ Put in trash       _____ Washed down the sink after recovery
      _____ Put in biohazard bag _____ Washed down the sink without recovery
      _____ Other (specify) ________________________________

   e. If a silver recovery unit is used please describe the procedures. ____________________________
      ____________________________________________________________________________
   f. If silver is taken off-site for disposal or recovery, please provide the name, address and phone number of the service provider.

Name _____________________________________________
Address _____________________________________________
Phone ______________________________________________

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

___________________________________________  __________________________
Name                                           Signature

___________________________________________  __________________________
Title                                           Date

*Please attach a separate sheet if more space is needed*