



# Dental Amalgam Program Certification Form

Name of Office:		Contact Name:
Permit Number:	Inspector:	Inspection Date:
Office Address:		
Mailing Address:		

Amalgam Separator Technology (AST) Information		
Manufacturer:	Model:	
Vendor Name/Phone:	Install Date:	
Proof of Purchase: YES / NO	Proof of Installation: YES / NO	
Is it Shared? YES / NO	If yes, who is responsible party? Name:	Phone:

Inspection Checklist		
Last inspection dated _____ was a	PASS / FAIL	Comments:
1. AST is in good working order	PASS / FAIL	
2. AST is not at or over capacity	PASS / FAIL	
3. AST is appropriately sized	PASS / FAIL	
4. AST receives required amount of flow	PASS / FAIL	
5. Maintenance records for three (3) years available	PASS / FAIL	
6. Training records available (at least 2 staff trained)	PASS / FAIL	
7. Maintenance personnel matches training records	PASS / FAIL	
8. Maintained according to mfg's specifications	PASS / FAIL	
9. Records track appropriate disposal methods	PASS / FAIL	
10. No information from permit form has changed	PASS / FAIL	

Best Management Practices (BMPs) Checklist		
11. Use Hg capsules, no elemental stock		12. Chair-side trap waste captured
13. Amalgam kept in airtight containers		14. Vacuum filters/screens captured
15. Air/H <sub>2</sub> O separator tank certified service		16. Captured waste disposed appropriately
17. No oxidizing cleanser in waste lines		18. Fixer solution disposed appropriately
19. All amalgam waste is captured		20. No rinsing traps/filters/screens in sink
<b>CERTIFICATION PASSES / FAILS</b>		DO Representative:

If certification FAILS #1 you must repair or replace AST within ten (10) days. All other FAILS require you to submit a detailed Corrective Action Response (CAR) within thirty (30) days of inspection date. Failure to do so may result in penalties. The CAR must include the reason for the failed certification, what corrective action will be taken to address the failure, and the date the corrective action will be completed.

Submit completed application to:

**City of Mt. Juliet**  
**Pretreatment Division**  
**71 E. Hill Street**  
**Mt. Juliet, TN 37122**

Or fax to: **615-773-6286**

or email to: [gpage@mtjuliet-tn.gov](mailto:gpage@mtjuliet-tn.gov)

For questions call: **615-773-6274**