

This document is designated by the City of Toronto for the usage by the owner or operator of a premise from which dental amalgam may be discharged (NAICS Code: 62121 – dental office) into municipal sewage works, as both a pollution prevention plan and pollution prevention plan summary, pursuant to Municipal Code Chapter 681. A completed Pollution Prevention Plan and Plan Summary must be submitted to the Toronto Water of the City of Toronto. If any change is made to the pollution plan and the summary, a re-submission with corrected information is required within 30 days. Also a copy shall be kept at the facility for inspection by the City of Toronto.

*For the facility where the **sole** dental-related practice at the premise consists of one or more of specialties or type of practice of orthodontics and dentofacial orthopaedics, oral and maxillofacial surgery, oral medicine and pathology, periodontics, or a dental practice consisting solely of visits by a mobile dental practitioner who prevents any dental amalgam from being released directly or indirectly into the municipal sewage works, Section 2, 3, 4, 5 or 6 are **not** applicable and can be skipped.*

1. Facility Information

Facility Name:	Party Responsible for By-Law Compliance:
Facility Address:	Business Telephone Number:
Post Code:	Business Fax Number:
Contact Name:	Business E-mail Address (if applicable):

What type of facility does your facility operate as (Please choose one)?

- General dental practice (go to **Section 2**: Existing Processes and Waste Generation), **or**
- Practice of orthodontics and dentofacial orthopaedics (go to **Section 7**: Declaration),
- Oral and maxillofacial surgery (go to **Section 7**: Declaration),
- Oral medicine and pathology (go to **Section 7**: Declaration),
- Periodontics (go to **Section 7**: Declaration),
- Dental practice consisting solely of visits by a mobile dental practitioner (go to **Section 7**: Declaration),
- Other practice with no amalgam discharge (go to **Section 7**: Declaration), also specify: _____

2. Existing Processes and Waste Generation

Does your facility directly/indirectly discharge wastewater into the sanitary sewers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
– If the answer is “no”, does your facility discharge wastewater into a septic tank onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many chairs (including dental and hygiene chairs) does your facility have?	_____ Dental, _____ Hygiene
Does your facility place/replace amalgam fillings (which contain mercury)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rarely
– If the answer is “yes”, do you use pre-prepared capsules instead of mercury liquid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others
Does your facility remove amalgam fillings (which contain mercury)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there cuspidors attached to the dental chairs? – If the answer is “ yes ”, are there traps attached to the cuspidors? – If there are traps attached to cuspidors, are they regularly inspected and cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No, strong suction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you process x-ray films onsite site?	<input type="checkbox"/> Yes <input type="checkbox"/> No, digital only

3. Amalgam Separator

Has your facility installed amalgam separator(s) to collect and treat all amalgam-bearing wastewater before discharge into the municipal sanitary sewer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many units of amalgam separators installed?	_____ Unit(s)
What brand is the amalgam separator installed (e.g. Mars AmalgamBoss, Solmetex HG 5, R & D Services Amalgam Collector, Bio-Dent Metasys, etc.)? Please specify:	_____ _____
Does your facility have a contractor to regularly inspect, maintain and replace the amalgam separator? – If the answer is “ yes ”, what company is it (e.g. Mars, Octagon, Greenflow, Sinclair Dental, Henry Schein Ash Arcona, etc.)? Please specify: – What is the frequency that your contractor is called for services (e.g. annually, once every six months, etc.)? Please specify: – If the answer is “ No ”, does your facility conduct self-inspection and maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
– If your facility conducts self-inspection and maintenance, please specify how often and how it is conducted:	
When was the most recent date of replacing / maintaining a filled amalgam separator (either by a contractor or by your facility)? Please specify (yyyy-mm-dd):	_____

4. Waste Management

Does your facility collect amalgam waste from cuspidors and traps during cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility have a silver recovery equipment to recover silver from silver-bearing solution before discharge into sanitary sewer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility have a registered waste disposal company to dispose amalgam waste? – If the answer is “ yes ”, please specify the contractor name?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Does your facility have a registered waste disposal company to recycle lead foils (if digital photography is used, it’s not applicable)? – If the answer is “ yes ”, please specify the contractor name?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____
Does your facility have a registered waste disposal company to dispose used silver-bearing x-ray film processing solution (not applicable if digital photography is used)? – If the answer is “ yes ”, please specify the contractor name?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____
Does your facility have a registered waste disposal company to dispose medical waste (e.g. used needles, blood-soaked materials, etc.)? – If the answer is “ yes ”, please specify the contractor name?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

7. Declaration

As the **owner/party responsible for By-Law Compliance** at this facility, I **certify** that the Pollution Prevention Plan has been prepared for this facility in accordance with the City of Toronto Municipal Code, Chapter 681 and the information submitted is true, accurate, and complete to the best of my knowledge. I **further certify** that the Pollution Prevention Plan is available at the facility for inspection by the representative of the City of Toronto.

Name: _____

Signature: _____

Date: _____

Submit the Completed Pollution Plan to:**A. If by mail, send to:****Manager**

Environmental Monitoring & Protection

Toronto Water

30 Dee Avenue

Toronto, Ontario M9N 1S9

B. If by E-mail, send at:

p3help@toronto.ca

C. If by fax, send at:

Fax Number: 416-394-5716

Confidential Information

Please note: Pursuant to the City of Toronto Municipal Code, Chapter 681 - 12, all information submitted to and collected by the City of Toronto that is contained in pollution prevention plan and plan summaries, reports, surveys, monitoring and inspection and sampling activities will, except as otherwise provided sufficient details as to the reason for its purported exemption from disclosure under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), be available for disclosure to the public in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).