

**CITY OF LOS ANGELES**  
**DEPARTMENT OF PUBLIC WORKS**  
**LA SANITATION**



**One Time- Compliance Report**  
**(DENTAL OFFICE CATEGORY)**

**FOR LA SANITATION USE**

Received Date: \_\_\_\_\_

Post Marked Date: \_\_\_\_\_

IU Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

**Section 1. FACILITY INFORMATION**

A. Legal Business Name: \_\_\_\_\_  
Ownership Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Limited Liability Corporation

B. Company Doing Business As (dba): \_\_\_\_\_

C. Business Officers Names and Titles

Proprietors/Partners/Corporate Officers	Title or Position
_____	_____
_____	_____
_____	_____

D. Facility Location:

Address: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Title: \_\_\_\_\_

E. Facility Mailing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

F. Property Owner/Management Company:

Property Owner/Manager Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Attention Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Section 2. DESCRIPTION OF DENTAL OPERATIONS**

A. Describe the dental operations being performed at the Dental Office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List the total number of chairs at the Dental Office: \_\_\_\_\_ chair(s). List the total number of chairs at the Dental Office in which dental amalgam may be present in the resulting wastewater: \_\_\_\_\_ chair(s)

### Section 3. AMALGAM SEPARATOR

A. Complete the information in the table below that best describes the amalgam separator used at the Dental Office.

Manufacturer Name:	
Brand Name / Model:	
Technology Utilized: (Check all that apply)	<input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge
Installation Date:	

B. Briefly describe the practices employed at the Dental Office to ensure the proper operation and maintenance of the amalgam separator:

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### Section 4. LIST ALL DENTISTS

Name (Print First and Last)	Operating days / week	Which days of the week? (Circle all that apply)	Does the Dentist Remove or Place Amalgam
		S M T W Th F S	<input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None
		S M T W Th F S	<input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None
		S M T W Th F S	<input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None

### Section 5. CERTIFICATION STATEMENT

I certify under penalty of law that the installed amalgam separator has been designed and will be operated and maintained and that the Best Management Practices (BMP) have been implemented and will continue to be applied as specified in Part 4 (A), (B) and (C) of the Special Conditions in the Industrial Wastewater Permit. I believe that the declaration being provided regarding the amalgam separator design and operation and the implementation of the BMPs at the facility is true, accurate, and complete. I am aware that there are significant penalties for presenting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME OF AUTHORIZED REPRESENTATIVE\*

SIGNATURE

OFFICIAL TITLE

DATE

\* An authorized representative is (a) a president, secretary, treasurer, or vice-president in charge of a principal business function, or any other person who performs similar policy or decision-making functions, if the discharger is a corporation; (b) the manager of one or more manufacturing, production or operating facilities; (c) a general partner or proprietor if the discharger is a partnership or proprietorship, respectively; (d) a principal executive officer or director having responsibility for the overall operation of the discharging facility; (e) a representative authorized in writing by any individual designated above, if the authorization is submitted to the Director and specifies an individual or a position having responsibility for the overall operation of the facility.

Please mail completed report to: City of Los Angeles, IWMD – Dental Program, 2714 Media Center Dr, Los Angeles CA 90065

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Forward to: Dental Inspection Section	Inspector	Date	Sr. Inspector	Date