

City of Toronto designated this Pollution Prevention (P2) Plan form for the owner or operator of a premise (NAICS Code: 62121 – dental office) from which dental amalgam may be discharged. A completed form must be submitted to Toronto Water by a new dental office and whenever a change in ownership, address, dental practice, number of chairs, brand of amalgam separator or third party maintenance of the amalgam separator changes. Subsequent to this form, proof of service of the amalgam separator, via copies of receipts, must be submitted to Toronto Water each time service (i.e. maintenance/cleanings) is performed. **All questions are to be answered unless deemed inapplicable.**

1. Office Information

Dental Office Name			
Dental Office Address		Business Telephone Number	
Postal Code		Business Fax Number	
Contact Name		Business Email	
Position		Number of Employees	
Days of Operation (i.e. Mon-Fri)			
Hours of Operation (i.e. 9am-7pm)			
Type of Unit (i.e. freehold, building unit, mall unit)			

Does your office use and/or remove amalgam fillings and/or collect wastewater that may contain dental amalgam that may directly or indirectly enter the sewage system? Yes No

If the answer is yes, continue to complete the form, otherwise indicate in the space provided below the reason (i.e. this is a periodontics practice and therefore does not use amalgam) and sign the declaration (Section 7) at the end of the form.

2. Existing Processes and Waste Generation

How many dental and hygiene chairs does your office have?	Dental Hygiene
Does your office use amalgam when placing, repairing and/or replacing amalgam fillings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your office remove amalgam fillings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there cuspidors attached to the dental chairs? – If the answer is "yes", are these traps attached to the cuspidors? – If there are traps attached to the 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
Does your office only use digital radiography?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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3. Amalgam Separator		
What brand is the installed amalgam separator (e.g. Mars AmalgamBoss, Solmetex HG 5, R & D Services Amalgam Collector, Bio-Dent Metasys, MSS, etc.)? Please specify:		
What is the efficiency rating (i.e. 99 or 95%) for the amalgam separator brand?		
How many units of amalgam separators are installed?	Unit(s)	
What is the amalgam separator's manufacturer maintenance schedule for the number of chairs at your office?		
<p>Does your office have a contractor to regularly inspect, maintain and replace the amalgam separator? If the answer is “no”, please go to the questions in the next box. If the answer is “yes”, please go to the next question below.</p> <p style="margin-left: 20px;">– Which contractor performs the work (e.g. Mars, Octagon, Greenflow, Sinclair, Henry Schein, Bio-Dent, Stericycle, ECS, Patterson, etc.)? Please specify:</p> <p style="margin-left: 20px;">– How often is your contractor called to service the amalgam separator (e.g. annually, once every six months, etc.)? Please specify:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Does your office conduct self-inspection and maintenance of the amalgam separator? If the answer is “no”, please go to the questions in the next box. If the answer is “yes”, please go to the next question below.</p> <p style="margin-left: 20px;">– How often is the self-inspection and maintenance conducted and how is it conducted?</p> <p style="margin-left: 20px;">– How is the amalgam waste removed from the amalgam separator disposed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Please provide the dates your amalgam separator was serviced (i.e. maintenance/cartridge replacement), by a contractor or your office, over the last 2 years.</p> <p>Please attach amalgam service invoices, for each date listed, to this P2 Plan.</p>		
4. Waste Management		
Does your office have silver recovery equipment to recover silver from silver-bearing solution before discharging into the sanitary sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Does your office's cuspidors and traps connect to the amalgam separator?</p> <p style="margin-left: 20px;">– If the answer is “no”, how does amalgam get collected from the cuspidors and traps?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Is your office's vacuum pump filter installed before or after the amalgam separator?</p> <p>(Toronto Water recommends the vacuum pump filter be installed AFTER to capture amalgam within the amalgam separator.)</p> <p>If the vacuum pump filter is installed BEFORE, the filter and its contents shall be disposed as hazardous waste.</p>	<input type="checkbox"/> Before <input type="checkbox"/> After	

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Does your office have a waste carrier with an Environmental Compliance Approval (ECA) from the Ministry of the Environment and Climate Change (MOECC) to collect and dispose (or recycle where appropriate) the below waste? (Check all that apply)		
<input type="checkbox"/> amalgam	<input type="checkbox"/> lead foils	<input type="checkbox"/> silver (x-ray film processing solution)
<input type="checkbox"/> biomedical (e.g. used sharps, blood-soaked materials etc.)		
– If you have checked any of the above waste, please specify the waste carrier's name (if more than one is used, please provide all waste carrier names)?		

5. Pollution Prevention Requirements

A	The concentration of mercury in wastewater that is discharged into the sanitary sewer shall not exceed 0.01 mg/L.	
B	Whenever possible, adopt digital radiography to substitute usage of x-ray films (containing lead and chemicals).	
C	Amalgam separator shall be regularly inspected and maintained and cartridge shall be properly replaced, to maintain its efficiency, when separating amalgam waste from wastewater before discharging into the sanitary sewer.	
D	Amalgam by-pass from cuspidors or sinks shall be prevented (all cuspidors must be connected to amalgam separator).	
E	Separate contacted amalgam and non-contact amalgam waste as much as possible as non-contacted amalgam can be recycled more easily.	
F	Avoid overstocking chemicals, such as amalgam capsules, x-ray film processing fixers and developers to reduce the risks of a chemical spill, leakage, and disposal due to expired/off-specification products.	
G	When collecting and storing wastes, properly label waste containers for easy identification and disposal.	
H	Do not pour chemicals or silver-bearing processing solutions into the drain, sink or open environment (e.g. lawn).	
I	All wastes including amalgam waste, silver-bearing x-ray film processing solution and biomedical waste (e.g. used sharps, blood-soaked materials) should be stored in sealed labelled containers when temporarily stored onsite and transported for disposal.	
J	Amalgam waste, lead foils and biomedical waste, should be segregated for proper offsite disposal / recycling. Do not mix these together as their disposal/recycling methods are different.	
K	No dental clinic shall dispose amalgam waste, lead foils, used lead vests or biomedical waste into regular garbage.	
L	All hazardous waste, including waste amalgam, silver-bearing x-ray film processing solution, lead foils and biomedical waste, should be disposed by a waste carrier with an Environmental Compliance Approval (ECA) from the MOECC. This is required by the "General – Waste Management R.R.O. Reg. 347" of the Ministry of the Environment of Ontario	
M	When a waste storage container is filled, it should be properly sealed and labelled. Within 90 days, the waste container should be shipped out to a waste carrier with an ECA from the MOECC for offsite disposal.	
N	If a septic tank is used onsite, a waste hauler/disposal company with an ECA from the MOECC shall be used to empty the septic tank and haul away sludge for proper offsite treatment/disposal.	
Have you read and understood the above pollution prevention requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you educate and train your staff with the above pollution prevention requirements to help protect our sewers and environment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

6. List of Dentists and Associates

7. Declaration

As the **owner/party responsible for By-Law Compliance** at this office, I _____
certify that the Pollution Prevention (P2) Plan has been prepared 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 (P2) Plan is available at the office for inspection by the representative of the City of Toronto.

Signature: (not required if emailed):

Date (yyyy-mm-dd):

Submit the Completed Pollution Prevention Plan

by Mail	by Fax	by Email
Manager Environmental Monitoring & Protection Toronto Water 30 Dee Avenue, Toronto, Ontario M9N 1S9	416-696-3727	P3Help@toronto.ca

Supporting Documentation

Please submit copies of all amalgam separator service receipts (i.e. maintenance/cartridge replacement) for the service dates listed in this Pollution Prevention (P2) Plan.