



# City of Dallas Amalgam Separator Inspection Log



Maintain this log as proof of required inspection activities to ensure proper operation of all amalgam separator device(s). Note dates and include documentation of any or all replacements of amalgam retaining containers, as well as the dates where dental amalgam is picked up or shipped for proper disposal. Attach separate inspection log for each separator unit installed at the facility. Attach all bills of sale or invoices from third party vendors servicing all amalgam separator device(s).

	Date	Person conducting inspection	Item inspected and condition	Repair/Service requirements noted
1				
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	Date	Person conducting inspection	Item inspected and condition	Repair/Service requirements noted
16				
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## CERTIFICATION STATEMENT

*I certify under penalty of law that the amalgam separator(s)/mercury recovery unit(s) installed at this location has been inspected in accordance with the manufacturer's operating manual instructions and scheduled for maintenance to confirm (a) the proper operation of the separator(s), and (b) that all amalgam process wastewater is flowing through the amalgam retaining portion of the device(s). I further certify that all repairs have been made within ten business days of the discovery of the equipment malfunction, and that all bills of sale/work orders/invoices pertaining to the maintenance of the device since the last report submittal are attached to this report. I further certify that units installed at this facility will be replaced in accordance with the manufacturer's schedule as specified in the operations manual, or when the amalgam retaining unit has reached the maximum level, whichever comes first. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

\_\_\_\_\_  
Name of Authorized Representative (Type or Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Attach to Mercury BMP form & return to:**  
**City of Dallas Water Utilities Department**  
**Pretreatment and Laboratory Services Division**  
**1020 Sargent Road, Building #2**  
**Dallas, TX 75203**  
**FAX: 214-243-2645 Attn: Mercury BMP**  
**EMAIL: [dwupretreatment@dallascityhall.com](mailto:dwupretreatment@dallascityhall.com)**

**For further information on the Mercury BMP program contact:**  
**Environmental Coordinator (P: 214-670-9725)**  
**Pretreatment Coordinator (P: 214-243-2362)**