



Making a difference...together

CODE OF PRACTICE FOR DENTAL OPERATIONS RECORD KEEPING FORM

General Information

Dental Practice Name: _____

Address: _____ Postal Code: _____

Contact: _____

Phone: _____ Fax: _____

ISO Certified Amalgam Separator:

Type: _____ Manufacturer: _____

Serial Number(s) _____ Installation Date: _____

Maximum flow rate: _____ Volume of collecting container: _____

Recommended collecting container replacement: _____

Installation/Maintenance Service Provider:

Company Name: _____

Address: _____

Contact Person: _____ Telephone Number: _____

Waste Disposal Service Provider:

Company Name: _____

Address: _____

Contact Person: _____ Telephone Number: _____

A decorative graphic at the bottom right of the page consisting of several overlapping, wavy, teal-colored shapes that create a sense of movement and depth.

CODE OF PRACTICE FOR DENTAL OPERATIONS RECORD KEEPING FORM

Amalgam Separator Inspection and Maintenance Record

Date	Inspection , Cleaning, Maintenance or Operational Problem Description	Collecting Container			Transporter/Disposal Location (name, address, phone, date, volume, location)	Operator Signature
		Serial #	Date Installed	Date Replaced		

Note: Records for the previous two years must be kept on-site.