



<http://www.cranberrytownship.org>

2525 Rochester Road  
Cranberry Township, PA 16066-6499

**Administration** suite 400 *p* 724.776.4806 *f* 724.776.5488

**Police** suite 500 *p* 724.776.5180 *f* 724.776.0237

**Public Works** suite 400 *p* 724.776.4806 *f* 724.776.6199

### Dental Discharger User Exemption Form

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Names of other dentists in your practice \_\_\_\_\_

1. Does this office “place” Yes No or “remove” Yes No amalgam\* fillings?

2. Does this office have an amalgam separator? Yes No Year installed \_\_\_\_\_

Brand Name \_\_\_\_\_ Efficiency rating if known \_\_\_\_\_

3. Who cleans and services the amalgam separator \_\_\_\_\_

4. How often is amalgam separator cleaned \_\_\_\_\_

5. Does your office have a Mercury Spill Kit? Yes No Not Applicable

\*Certain dental practices and offices that certify below that they only remove amalgam in  
Emergency circumstances and not as a general practice may apply for the following exemption.

- I certify this dental practice is exempt from the amalgam management requirements because amalgam fillings are not placed nor are they removed except in limited emergency or unplanned, unanticipated circumstances. This facility removes amalgam at a frequency less than 5% of its procedures per year. This establishment serves the following primary function:

- |                  |                                   |
|------------------|-----------------------------------|
| ○ Orthodontics   | ○ Oral pathology or oral medicine |
| ○ Periodontics   | ○ Endodontics                     |
| ○ Prosthodontics | ○ Oral and maxillofacial surgery  |
| ○ Radiology      |                                   |

\_\_\_\_\_  
Responsible Person's Name/Signature

\_\_\_\_\_  
Date