



One-Time Compliance Report For Facilities Exempt From DIU Status

Please print legibly.

Facility Name:	
Facility Address:	
Mailing Address:	
Contact Name/Title:	
Contact Phone Number:	
Contact Email:	
Name of Operator(s)/Owner(s) of the Business:	

Certification Statement:

I certify that the above named business neither places nor removes dental amalgam (except in limited emergency or unplanned, unanticipated circumstances). And, as such, I am reporting exempt status as described under 40 CFR 441.10.

Signature of Signatory Official: _____ Date: _____

Printed Name of Signatory Official: _____

Note: 40 CFR 441.50 (a) (5) requires the business to retain a copy of this One-Time Compliance Report and make it readily available for inspections in either a printed or electronic format.

Note: 40 CFR 441.50 (a) (4) requires that if there is a change of ownership of this business, the new owner shall submit an updated One-Time Compliance Report to the City within 90 days of the transfer.