

DENTAL AMALGAM



Business Name _____

Address _____

Maintenance Record for Separator Unit # _____

Serial number _____

Installation/service provider _____

SEPARATOR MAINTENANCE RECORD

Date (mm/dd/yy)	Cleaning/inspection conducted by (Initials)	Inspection conducted (yes/no)	Cleaning conducted (yes/no)	Replacement conducted (yes/no)	Approximate depth of amalgam (inches)	Third party contractor used for disposal (yes/no) If yes, contractor name.

Keep this record on file for a minimum of two (2) years.
Information on amalgam separators and this form are available
at www.saskatoon.ca/sewer.

Questions?
bylaw.compliance@saskatoon.ca
306-657-8766

