Practice Waste Solutions Amalgam Bucket Recycling & Shipping Instructions

Usage of your PWS Amalgam Bucket:

The PWS Amalgam Bucket should be used for the storage and recycling of 'dry' amalgam waste, such as:

- Contact & non-contact amalgam
- Chairside traps
- Spent amalgam capsules
- Teeth with amalgam

Vacuum pump filters

IMPORTANT! Remove any liquid from vacuum pump filters before placing them into the amalgam bucket. NO LIQUID MERCURY OR ANY OTHER METALS. WASTE AMALGAM ONLY should be placed in this bucket.

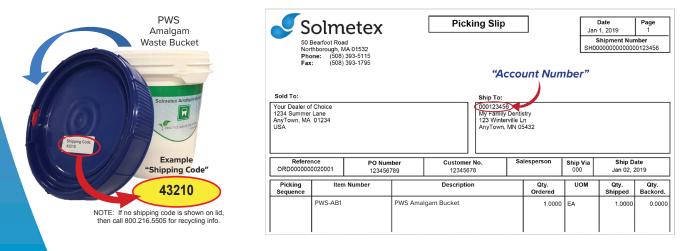
Complete Amalgam Waste Recycling Form:

- Fill out Part 1 of the "Profile Form for Recycling of Waste Amalgam"
- Sign and date bottom of the form
- Place completed form into the return shipping box
- Use supplied twist tie to close plastic liner bag and place into 5 gallon amalgam bucket
- Place amalgam bucket into shipping box

Shipping Procedure:

- Please locate "Shipping Code" (see below) prior to packing container.
- Visit www.solmetex.com and click on "Compliance Center" in the menu bar.
- Log into the Compliance Center with your email address and password.
- Locate "Print Shipping Label" in the upper right hand corner of the portal screen.
- Under the Product drop-down list, choose "Amalgam Bucket".
- Enter your Shipping Code located on the lid of the amalgam bucket, select submit.
- Website will re-direct to the UPS website. Press "Process Shipment".
- Print the label, place the label into the packing slip envelope, remove backing from envelope and place on box for UPS pick up or call 1-800-742-5877 to schedule pick up.

NOTE: One UPS label per Solmetex shipping box.



Recycling Certificates may take up to 30 days from date shipped to the recycler to process.

For more information, visit **www.solmetex.com**, "Live Chat" Monday – Friday, 8:30am – 8:00pm EST or contact us at 800-216-5505.



Profile Form for Recycling of Waste Amalgam



SHIPPING/BILLING INFORMATION

DATE RECEIVED:			
WASTE NAME/DESCRIPTION	۷:		
Spent Dental Amalg	am		
GENERATOR:			
SHIPPING ADDRESS:			
GENERATOR CONTACT NAM	ME:	EMAIL ADDRESS:	
PHONE:		FAX:	
BILLING INFORMATION (CO	MPANY, STREET, CITY, STATE,	ZIP):	
BILLING CONTACT NAME:		EMAIL ADDRESS:	
BILLING PHONE:		BILLING FAX:	
PROCESS GENERATING WA	STE (BE SPECIFIC):	•	
Spent Dental Amalg	am from Dental Facilit	ies	
DOT/EPA INFORM	ATION		
D.O.T. SHIPPING NAME:			
Spent Dental Amalg	am for Recycling, DOT	Non-Regulated (<1 lb Mercury)	
PACKING GROUP:	HAZARD CLASS:	UN/NA:	

PACKING GROUP:	HAZARD CLASS:	UN/NA:			
None	None	None			
REPORTABLE QUANTITY:	ERG#:	E.P.A. WASTE CODES (IF APPLICABLE):			
		N/A			

PHYSICAL DESCRIPTION OF WASTE:

Spent Disinfected Dental Amalgam

CHEMICAL COMPOSITION - CONSTITUENTS (MUST ACCOUNT FOR 100%)	TOTAL %	TCLP (MG/L)	TCLP (MG/L)
MERCURY (< 1 LB)	Up to 50%		
SILVER, ZINC, OTHER METALS	Up to 50%		
BLEACH SOLUTION	Up to 50%		

CERTIFICATION

I hereby certify that I have personally examined and am familiar with the information submitted in this and all attached documents.

Signature

Print Name/Title

Mercury Recyclers International	APPROVAL #:
PO Box 62686	
Palm Bay, FL 32906	
1-888-626-0694	(MRI Use Only)