



50 Bearfoot Road  
Northborough, MA  
01532

# Profile for Recycling of Waste Amalgam

Please fill in fields shown in green. Type or print in ink.

Date Received:	
Waste Name/Description: Spent Dental Amalgam	
Office or Doctor Name:	
Shipping Address (Street, City, State, Zip):	
Generator Contact:	E-Mail Address:
Phone:	Fax:
Billing Information (Company, Street, City, State, Zip):	
Billing Contact:	E-Mail Address:
Phone:	Fax:
Process Generating Waste-Be Specific: Spent Dental Amalgam from Dental Facilities	

## DOT/EPA Information

DOT Shipping Name: Spent Dental Amalgam for Recycling, DOT Non-Regulated (<1lb mercury)		Packing Group: NONE	Hazard Class: NONE	UN/NA: NONE
Reportable Quantity:	ERG#	EPA Waste Codes if Applicable: N/A	NONE	
Physical Description of Waste: Spent Disinfected Amalgam				

Chemical Composition – Constituents: (Must Account for 100%)	Total %	TCLP (MG/L)	TCLP (MG/L)
Mercury (<1lb)	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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

Approval #:	Mercury Recyclers International PO BOX 62686 Palm Bay FL. 32906 1-888-626-0694
(MRI Use Only)	