Protocol: RECYCLING NON-CONTACT DENTAL AMALGAM SCRAP

1. Recycling of non-contact dental amalgam scrap is coordinated by the Office of Quality Assurance, the Director of Clinical Operations, and the Director of Operational Standards and Compliance.

   Assistant Dean for Quality Assurance  Mr. Glenn Marrus  x89949
   Director, Clinical Operations         Mr. Ira Beresnoy  x89834
   Director, Operational Standards and Compliance  Ms. Deborah Morris  x89963

2. Each clinic area and clinical laboratory will be provided with appropriately labeled recycling containers for each amalgam triturator station in the clinic.

   A. The container to be used is a one-gallon, wide-mouth, plastic (HDPE) container with tight-fitting, screw-on caps.

   B. Each container is labeled:

   Scrap Metal Recycling
   Non-contact Dental Amalgam
   Do Not Add Water
   Keep Closed at All Times Except When Filling

   Start Date: ________________
   MUST BE REMOVED FROM CLINIC AND TRANSFERED TO WASTE ROOM WHEN JAR IS 90% FULL.

   C. The container must be dated as soon as it is used to contain non-contact amalgam scrap (“Start Date”). When the jar is already 90% full it must be removed from the clinic area and transferred into the Hazardous Waste Room on the 8th Floor of Weissman Building.

   D. One container will be stored next to the triturator for active use and the second container will be kept in reserve at the supply dispensary for the clinic area. The second container for clinical laboratories will also be accessible to faculty supervising lab activities.

   E. These containers will be used exclusively for recycling non-contact Mercury-Amalgam scrap.
F. No water is to be placed in these containers, in accordance to the requirements of the contractor for scrap metal recycling.

3. **All forms of dental mercury-amalgam scrap** are to be placed in these containers, including used amalgam capsules, unused excess amalgam, scrap amalgam, and accumulated dust or particles in triturators - **without exception.** The recycling containers are to be kept **tightly closed** at all times, except when scrap is actively being placed into the container, to prevent mercury vapor emissions. No extraneous fluid shall be present or added to the container.

4. If the container is found to be already filled up to 90% of its capacity, the individual making the observation will immediately report the situation to the Clinic Supply Clerk or the supervising faculty member. In addition, the Clinic Supply Clerk will check the containers and document results in the Clinic Checklist on a daily basis to determine if they are:
   a) already 90% full and needed to be replaced,
   b) securely capped and replace caps if lost or broken,
   c) in good condition (not punctured, label is not defaced, etc.) and there are no spilled material around the containers.

5. If the container is no longer usable, the Clinic Supply Clerk or faculty member will:
   a) add the back-up container to the area, and
   b) call Ms. Cummings (x89946 or x89963) from the Department of Operational Standards and Compliance, to request pick up of the filled container and replacement of the reserve container.

6. For pre-clinical laboratories (e.g., Room 604S, 11th floor Bench Lab, 11th floor Simulation Lab) the course directors shall be responsible for checking the waste containers as likewise being done by the Clinic Supply Clerk in Protocol No. 4 above, making the spare waste container available, and contacting Ms. Cummings for pick-up of full containers and delivery of replacements.

7. Recyclable dental mercury-amalgam scrap is maintained in the NYUCD hazardous waste room for a period not to exceed 360 days. An approved scrap metal recycling company removes the amalgam scrap within the 360-day period.