



CITY OF GOLDEN
ENVIRONMENTAL SERVICES DIVISION
Silver Mercury Questionnaire

1445 TENTH STREET
GOLDEN, CO 80401
303-384-8183
(FAX) 303-384-8161

DIRECTIONS: PLEASE COMPLETE ALL SECTIONS OF THIS FORM COMPLETELY

Business Information

Business Name:	Phone:
Address:	Fax:

Person Providing Information:

Silver Bearing Waste Questions

1. Do you develop photos, negatives, or x-rays on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please estimate how many photos, negatives, and x-rays are processed weekly.	# Processed:
2. Are images developed using a manual process or an automated machine?	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
a. If an automated machine is used, is it connected to the sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is spent fixer collected for recycling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is fixer filtered through silver recovery canisters before discharging to sanitary sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Which company picks-up collected fixer and/or services the silver recovery canisters?	Company Name: _____ Phone #: _____
6. Where are developing process chemicals stored?	
7. Is used developer discharged to the sanitary sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mercury Bearing Wastes Questions

1. Is this a dental office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many dentists work at this office?	# of Dentists:
3. How many examination chairs are used in this office?	# of Chairs:
4. Are all chairs equipped with an amalgam trap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Amalgam collected in chair side traps, filter units, or capsules is...	<input type="checkbox"/> disposed as hazardous waste. <input type="checkbox"/> collected for recycling.
6. Which company provides disposal/recycling services for collected amalgam materials? (Please list additional companies on the back of this sheet.)	Company Name: _____ Phone #: _____

Print Name:

Signature:	Date:
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