



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6260.30A
BUMED M3B6
19 Dec 2006

BUMED INSTRUCTION 6260.30A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Dental Personnel

Subj: MERCURY CONTROL PROGRAM FOR DENTAL TREATMENT SPACES

Ref: (a) Code of Federal Regulations, 29 CFR 1910.1000, Table Z-2 with Standard Interpretations per www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=23866
(b) American Dental Association (ADA) Council on Scientific Affairs Dental Mercury Hygiene Recommendations Nov 03
(c) OPNAVINST 5100.23G
(d) NEHC Technical Manual NEHC-TM OM-6260 Medical Surveillance Procedures Manual and Medical Matrix Feb 01
(e) OPNAVINST 6000.1B
(f) Naval Ships Technical Manual (NTSM) Chapter 634 - Deck Coverings 01 Dec 01 (NOTAL)
(g) OPNAVINST 5100.19D
(h) Defense Reutilization and Marketing Service (DRMS) Memorandum, Revised Procedures for the Management of Dental Amalgam, of 24 Mar 05

Encl: (1) American Dental Association Best Management Practices for Amalgam Waste, September 2005
(2) Industrial Hygiene Technical Assistance
(3) Safety and Health Precautions for Handling Mercury
(4) Mercury Control, Decontamination, and Disposal
(5) Mercury Control Safety Program Materials

1. Purpose. Establishes minimum handling procedures for elemental mercury in dental treatment spaces to minimize personnel exposure and environmental contamination. This instruction does not apply to organic mercury compounds.

2. Cancellation. BUMEDINST 6260.30.

3. Scope. Applies to personnel working in dental spaces ashore and afloat. The provisions of this instruction amplify the requirements of references (a) through (h) insofar as the practice of dentistry is concerned. Certain uniform controls aboard ships and at shore stations are needed to avoid potential contamination and to provide for proper mercury disposal.

4. Background. Mercury, a heavy metal that vaporizes at room temperature and concentrates rapidly in confined spaces, is a significant health hazard if sufficient amounts are inhaled, ingested, or absorbed through the skin. Mercury vapor has no

warning properties such as odor or color. Dental amalgam is a mixture of several metals including mercury. The use of pre-encapsulated amalgam has reduced the potential for mercury exposure during routine dental procedures.

5. Discussion

a. The published Occupational Safety and Health Administration (OSHA) Permissible Exposure Limits (PEL) for elemental mercury vapor have been updated per reference (a), to reflect a PEL for mercury vapor as an 8 hour Time Weighted Average (TWA) value of 0.1 milligrams per cubic meter of air.

b. The exclusive use of pre-encapsulated amalgam for Navy Dentistry has limited a major potential source of mercury contamination. There are, however, other potential sources of accidental exposure to mercury to dental personnel, such as leaky amalgam capsules, faulty amalgamators, or other sources as outlined in reference (b).

c. The ADA's published Best Management Practices for Dental Amalgam Waste describes recommendations, enclosure (1), for disposal or re-cycling of amalgam scraps and the cleaning of dental water lines and vacuum filters.

d. The survey requirements specified in references (c) and (g), applying to all Navy workplaces, are appropriate and adequate for dental spaces. Air sampling is not specifically required, but may be performed at the discretion of the cognizant industrial hygienist. Industrial hygiene assistance can be obtained from the cognizant Naval Medical Treatment Facility (MTF), Navy Environmental and Preventive Medicine Unit (NEPMU), Navy Environmental Health Center, or fleet industrial hygiene contacts, enclosure (2).

e. Medical surveillance and biological monitoring is not required but may be prescribed by an occupational health professional as circumstances warrant. When conducted, medical surveillance examinations must comply with the requirements of reference (d). Should pregnant staff or patients suffer accidental exposure to mercury as described in reference (b), they will require a medical evaluation and mercury exposure screening per reference (e).

f. Special handling and disposal of hazardous wastes, including mercury, for shipboard facilities are covered in references (f), (g) and (h).

g. The Naval Institute for Dental and Biological Research has initiated a Navy-wide program for installing dental amalgam separators to adequately collect dental amalgam scraps from wastewater (suction) lines within dental treatment rooms.

h. The basic training of Hospital Corpsmen, particularly those in dental tracks or Biomedical Equipment Technicians involved in the upkeep of dental treatment facility equipment, requires comprehensive knowledge of the hazards of mercury and mercury products, including amalgam exposures, and the proper use, collection and disposal of mercury and mercury products. Biomedical knowledge of proper clean up procedures and contacts included in references (c), (f), and (g) and in enclosures (1) through (5) is a critical component of training.

6. Action

a. Commanding Officers of MTFs or overseeing dental training programs and Senior Medical Department Officers aboard ships having dental spaces must:

(1) Ensure the requirements of enclosures (1) through (5) are implemented and enforced particularly as they pertain to the disposal of dental amalgam as a hazardous waste as defined in reference (h) and enclosure (3).

(2) Ensure the use of only pre-encapsulated mercury amalgams.

(3) In accordance with guidelines set forth by the Naval Institute for Dental and Biomedical Research ensure that, at a minimum, amalgam separators are installed for all wastewater suction lines within dental treatment rooms as the primary waste collection mechanism. When indicated by local authorities, additionally ensure that central collection systems are installed in addition to the chairside devices.

b. Navy Medicine Support Command will ensure:

(1) The dental aspects of the Navy Hospital Corps School curriculum include review of this instruction and the specifics contained in references (a) through (h) and enclosures (1) through (5) of this instruction.

(2) The curricula for the Biomedical Equipment Technician-Basic and Biomedical Equipment Technician-Advanced Schools include review of this instruction and the specifics contained in references (a) through (h) and enclosures (1) through (5) of this instruction.



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American Dental Association

**Best Management Practices for Amalgam Waste
September 2005**

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BEST MANAGEMENT PRACTICES FOR AMALGAM WASTE

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Dental Amalgam Waste

Dental amalgam waste can be recycled to help prevent the release of mercury to the environment. Following the simple suggestions outlined in this document will help protect the environment.

Concern about the effects of mercury in the environment has increased over the years. Mercury in the environment is bioaccumulative, which means that it can build up in fish and cause health problems in humans and other animals that eat fish. Many state health professionals recommend limiting fish consumption, especially for children and pregnant women.

Mercury is a naturally occurring metal; however, about half of the mercury released to the environment comes from human activity. Of that amount, 53% is emitted from combustion of fuels for energy production and 34% is from the combustion of waste.¹ Sources associated with manufacturers and consumers make up the remaining 13%, with dentistry contributing less than one percent.

Some mercury released into the air eventually collects in the waterways, where it enters the food chain. As a precautionary measure, U.S. regulators typically assume that all or most of the mercury released into the air or surface water may accumulate in fish. As of 2000, the U.S. EPA lists more than 43,971 miles (covering 3,426,244 acres) of rivers and streams in the U.S. as “impaired” because of the presence of mercury.²

Although mercury in the form of dental amalgam is very stable, amalgam should *not* be disposed of in the garbage, infectious waste “red bag,” or sharps container. Amalgam also should *not* be rinsed down the drain. These cautions are important because some communities incinerate municipal garbage, medical waste, and sludge from wastewater treatment plants. If amalgam waste ends up in one of these incinerated waste streams, the mercury can be released to the environment due to the extremely high temperatures used in the incineration process. Increasingly, local communities are enacting restrictions on the incineration of wastes containing mercury.

The good news is that amalgam waste, kept separate from other waste, can be safely recycled. The mercury can be recovered from amalgam wastes through a distillation process and reused in new products. The ADA strongly recommends recycling as a best management practice for dental offices.

¹ Office of Air Quality Planning and Standards, Office of Research and Development. Mercury Study Report to Congress. Volume II: An inventory of anthropogenic mercury emissions in the United States. Washington, D.C.: Environmental Protection Agency. Publication No. EPA-452/R-97-004. December 1997, p. ES-6.

² EPA. Major Pollutants Causing Impairment by State. Available at www.epa.gov/owow/tmdl/303dcaus.html. Accessed February 10, 2004.



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The following information demonstrates how to manage and recycle dental amalgam waste to help protect the environment.

Types of Amalgam Wastes

- **Non-contact amalgam (scrap)** is excess mix leftover at the end of a dental procedure. Many recyclers will buy this clean scrap.
- **Contact amalgam** is amalgam that has been in contact with the patient. Examples are extracted teeth with amalgam restorations, carving scrap collected at chair side, and amalgam captured by chair side traps, filters, or screens.
- **Chair side traps** capture amalgam waste during amalgam placement or removal procedures (traps from dental units dedicated strictly to hygiene may be placed in the regular garbage).
- **Vacuum pump filters** or traps contain amalgam sludge and water. Some recyclers will accept whole filters, while others will require special handling of this material.
- **Amalgam sludge** is the mixture of liquid and solid material collected within vacuum pump filters or other amalgam capture devices.
- **Empty amalgam capsules** are the individually dosed containers left over after mixing preencapsulated dental amalgam.

The ADA recommends against the use of bulk elemental mercury, also referred to as liquid or raw mercury, for use in the dental office. Since 1984, the ADA has recommended use of preencapsulated amalgam alloy.

If you still have bulk elemental mercury in the office, you should recycle it. Check with a licensed recycler to determine whether they will accept bulk mercury. **Do not** pour bulk elemental mercury waste in the garbage, red bag or down the drain. You also should check with your state regulatory agency and municipality to find out if a bulk mercury collection program is available. Such bulk mercury collection programs provide an easy way to dispose of bulk mercury.



Steps for Recycling Amalgam Waste

1. Stock amalgam capsules in a variety of sizes to minimize the amount of amalgam waste generated.
2. Amalgam waste may be mixed with body fluids, such as saliva, or other potentially infectious material, so use personal protective equipment such as utility gloves, masks, and protective eyewear when handling it.
3. Contact an amalgam waste recycler about any special requirements that may exist in your area for collecting, storing and transporting amalgam waste. If you need to find a recycler, check with your city, county or local waste authority to see whether they have an amalgam waste recycling program.
4. Store amalgam waste in a covered plastic container labeled “Amalgam for Recycling” or as directed by your recycler. Consider keeping different types (e.g., contact and non-contact) of amalgam wastes in separate container—talk to your recycler about any advantages in doing so.

Questions to Ask Your Amalgam Waste Recycler

Below is a list of questions you may want to ask your amalgam waste recycler. Note that not all recycling companies accept every type of amalgam waste, and the services offered by recyclers vary widely. The ADA recommends that you contact a recycler before recovering amalgam and ask about any specific handling instructions the recycler may have. Importantly, select a reputable company that complies with applicable federal and state law and provides adequate indemnification for its acts and omissions.

Ask Your Recycler ...

- What kind of amalgam waste do you accept?
- Do your services include pick up of amalgam waste from dental offices? If not, can amalgam waste be shipped to you?
- Do you provide packaging for storage, pick up or shipping of amalgam waste?
- If packaging is not provided, how should the waste be packaged?
- What types of waste can be packaged together?
- Do you accept whole filters from the vacuum pump for recycling?
- Is disinfection required for amalgam waste?
- How much do your services cost?
- Do you pay for clean non-contact amalgam (scrap)?
- Do you accept extracted teeth with amalgam restorations?
- Does your company have an EPA or applicable state license?
- Does the company use the proper forms required by the EPA and state agencies?



Best Management Practices for Amalgam Waste

DO	DON'T
<i>Do</i> use precapsulated alloys and stock a variety of capsule sizes	<i>Don't</i> use bulk mercury
<i>Do</i> recycle used disposable amalgam capsules	<i>Don't</i> put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage
<i>Do</i> salvage, store and recycle non-contact amalgam (scrap amalgam)	<i>Don't</i> put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
<i>Do</i> salvage (contact) amalgam pieces from restorations after removal and recycle the amalgam waste	<i>Don't</i> put contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
<i>Do</i> use chair-side traps to retain amalgam and recycle the content	<i>Don't</i> rinse chair-side traps containing amalgam over drains or sinks
<i>Do</i> recycle contents retained by the vacuum pump filter or other amalgam collection device, if they contain amalgam	<i>Don't</i> rinse vacuum pump filters containing amalgam or other amalgam collection devices over drains or sinks
<i>Do</i> recycle teeth that contain amalgam restorations. (<i>Note:</i> Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection)	<i>Don't</i> dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage
<i>Do</i> manage amalgam waste through recycling as much as possible	<i>Don't</i> flush amalgam waste down the drain or toilet
<i>Do</i> use line cleaners that minimize dissolution of amalgam	<i>Don't</i> use bleach or chlorine-containing cleaners to flush wastewater lines



Practical Guide to Integrating BMPs Into Your Practice

<i>Non-contact (scrap) amalgam</i>
<ul style="list-style-type: none">• Place non-contact, scrap amalgam in wide-mouthed, airtight container that is marked “Non-contact Amalgam Waste for Recycling.”• Make sure the container lid is well sealed.
<i>Amalgam capsules</i>
<ul style="list-style-type: none">• Stock amalgam capsules in a variety of sizes.• After mixing amalgam, place the empty capsules in a wide-mouthed, airtight container that is marked “Amalgam Capsule Waste for Recycling.”• Capsules that cannot be emptied should likewise be placed in a wide-mouthed, airtight container that is marked “Amalgam Capsule Waste for Recycling.”• Make sure the container lid is well sealed.• When the container is full, send it to a recycler.
<i>Disposable chair-side traps</i>
<ul style="list-style-type: none">• Open the chair-side unit to expose the trap.• Remove the trap and place it directly into a wide-mouthed, airtight container that is marked “Contact Amalgam Waste for Recycling.”• Make sure the container lid is well sealed.• When the container is full, send it to a recycler.• Traps from dental units dedicated strictly to hygiene may be placed in with the regular garbage.
<i>Reusable chair-side traps</i>
<ul style="list-style-type: none">• Open the chair-side unit to expose the trap.• Remove the trap and empty the contents into a wide-mouthed, airtight container that is marked “Contact Amalgam Waste for Recycling.”• Make sure the container lid is well sealed.• When the container is full, send it to a recycler.• Replace the trap into the chair-side unit (Do not rinse the trap under running water as this could introduce dental amalgam into the waste stream).
<i>Vacuum pump filters</i>
<ul style="list-style-type: none">• Change the filter according to the manufacturer’s recommended schedule. <i>Note:</i> The following instructions assume that your recycler will accept whole filters; some recyclers require different handling of this material, so check with your recycler first.• Remove the filter. While holding the filter over a tray or other container that can catch any spills, decant as much of the liquid as possible without losing any visible amalgam. The decanted, amalgam-free liquid can be rinsed down the drain.• Put the lid on the filter and place the sealed container in the box in which it was originally shipped. When the box is full, the filters should be recycled.
<i>Line cleaners</i>
<ul style="list-style-type: none">• Use non-bleach, non-chlorine-containing line cleaners, which will minimize amalgam dissolution, such as those listed in the <i>Additional Resources</i> section of this document.



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Additional Resources

“Dental Mercury Hygiene Recommendations” are available through the ADA Division of Science. These recommendations were published in the *Journal of the American Dental Association* (November 2003) and also are available to ADA members online.

The following line cleaners do not contain bleach or chlorine and therefore minimize the dissolution of amalgam. This listing is provided for informational purposes only and should not be construed as an endorsement of these products by the ADA. Check with your manufacturer to determine which line cleaner would be appropriate for use with your equipment.

Biocide (Biotrol International), BirexSe (Biotrol International), DRNA Vac (Dental Recycling North American Inc.), E-Vac (L&R Manufacturing Co.), Fresh-Vac (Huntington), GC Spray-Cide (GC America Inc.), Green and Clean (Metasys), Microstat 2 (Septodont USA), Patterson Brand Concentrated Ultrasonic Cleaner/Disinfectant Solution (Patterson Dental Supply, Inc.), ProE-Vac (Cottrell Ltd.), Pure-Vac (Sultan Chemists Inc.), Sani-Treet Plus (Enzyme Industries Inc.), SRG Evacuation (Icon Labs), Stay Clean (Apollo Dental Products), Turbo-Vac (Pinnacle Products), Vacusol Ultra (Biotrol International), Cavicide (Metrex Research Corp.), Vacuum Clean (Palmero Health Care).

Industrial Hygiene Technical Assistance

1. General. Industrial hygiene personnel at Medical Department activities are available to:

- a. Provide consultation on occupational health matters.
- b. Provide specific assistance in identifying and evaluating personnel exposures to toxic contaminants and other hazardous agents.
- c. Evaluate the need for, and recommend as appropriate, the administrative and engineering controls, and personnel protective equipment required to control personnel exposures to toxic chemicals and harmful physical agents.

2. Forces Afloat. Forces afloat should request assistance from the cognizant regional industrial hygiene service.

3. Navy medical and dental centers can be located through <http://navymedicine.med.navy.mil/default.cfm?selTab=command>. If still unable to find the cognizant industrial hygiene service or you need additional assistance, contact:

NAVY ENVIRONMENTAL HEALTH CENTER
Portsmouth, VA,
Industrial Hygiene Department
DSN 377-0700 or Commercial (757) 953-0700

SAFETY AND HEALTH PRECAUTIONS FOR HANDLING MERCURY

1. Personnel Hygiene. Proper mercury handling and hygiene procedures are required of all dental personnel and must be emphasized during training and indoctrination periods. Before working with mercury-bearing materials (amalgam or scrap amalgam), personnel must remove all jewelry which could potentially become contaminated and permanently damaged. Food, drink, or tobacco products must not be consumed while working with mercury bearing materials. Patient examination gloves must be used to maximize protection and minimize skin contact for personnel handling any mercury related products. As an added protective measure, personnel must wash their hands after working with mercury bearing materials before leaving the dental treatment room (DTR) or any areas utilized for dental wastewater and amalgam trapping maintenance.

2. Work Surfaces. Work surfaces must be of impervious material, preferably stainless steel or plastic laminate.

3. Handling

a. Personnel must use a no-touch technique for handling amalgam. After trituration of the pre-encapsulated amalgam, personnel must use an amalgam well while loading the amalgam carrier.

b. Personnel must use water spray and high-volume evacuation when cutting or grinding amalgam restoration. All amalgam scraps must be collected before removing the rubber dam.

c. Personnel must use an amalgamator which completely encloses the capsule during amalgamation. The amalgamator enclosure must be inspected weekly for mercury globules and cleaned following enclosure (3). The amalgamator must be disassembled only by a qualified dental repair specialist. An impervious catch tray must be used underneath amalgamators.

d. Amalgamators, capsules, and any other items which may be contaminated with mercury must be stored in the impervious catch trays described in paragraph 3c. These items must be checked at least weekly for mercury droplets.

4. Waste

a. Dental amalgam is an intermetallic compound comprised of various proportions of silver, copper, tin, and zinc alloy mixed with pure mercury. This mixture of metals forms a compound that is stable both physically and chemically and will not spontaneously break down into the original elements. There is no indication that this intermetallic compound is toxic or hazardous to health.

b. The use of mercury vapor suppressant solutions, such as HgX® or unused film fixer, were required in the past when amalgam components were not pre-measured and excess pure mercury droplets were sometimes generated. Studies conducted by industrial hygiene personnel have concluded that amalgam scraps can be stored dry without exceeding any personnel exposure level for mercury vapors in the breathing zone of dentists and technicians.

c. Based on 40 CFR, Part 261, dental amalgam does not qualify as a recyclable material. Additionally, per Defense Reutilization and Marketing Service (DRMS) memorandum entitled "Revised Procedures for the Management of Dental Amalgam" of 24 Mar 05, reference (h) of this instruction, dental amalgam scraps are considered a Resource Conservation and Recovery Act (RCRA) hazardous waste. The DRMS memorandum also states that dry amalgam scraps may occasionally fail Toxic Characteristic Leaching Procedure (TCLP) tests, while wet amalgam scraps have always been found to fail TCLP testing. Therefore, all amalgam scraps must be disposed of as hazardous waste. All dental scraps must be transferred to the local Defense Reutilization and Marketing Office (DRMO) in a tightly closed unbreakable container. Label the dental scrap container and all documentation as "RCRA Hazardous Waste-Dental Scrap Metal."

5. Floors. Vinyl sheet is the preferred floor covering material for DTRS; carpet is not permitted. Use of pre-encapsulated amalgam products has not precluded dental waste or scrap from falling to the floor and being crushed into crevices; therefore, seamless floors are preferred. Since free mercury is no longer used, there is no longer a requirement for designing the floor covering to be lipped between the dental operatory floors and walls. Reference (f) specifies flooring material requirements for dental spaces afloat. Floors must be kept clean and free of amalgam debris.

MERCURY CONTROL, DECONTAMINATION, AND DISPOSAL

1. Mercury Control. Enclosure (3) discusses the basic requirements for the control of mercury. Due to the health hazard potential of mercury, control procedures for the handling and disposal of amalgam, or mercury-contaminated items, are mandatory.

2. Mercury Decontamination and Spill Cleanup Procedures

a. A mercury decontaminant, such as HgX®, must be readily available for immediate mixing and application to a contaminated surface. HgX® works by binding with the elemental mercury. If larger droplets of mercury are present, the HgX® only reacts with the outer surface of the droplet forming a shell. This shell can easily be broken, releasing elemental mercury. Therefore, care must be used during removal of large droplets.

b. When mercury contamination occurs, it must be cleaned up immediately. Follow the instructions provided in the mercury decontamination kits discussed in paragraph 4, below.

c. Eating, drinking, and smoking must be prohibited during cleanup procedure.

d. Patient examination gloves must be worn during cleanup.

e. Collected mercury must be placed into a sealed, suitable liquid, and vapor tight container and removed to a designated area for disposal as mercury.

f. Contaminant surfaces must be scrubbed with mercury decontaminant to convert any trapped mercury.

g. Any equipment or instruments, such as amalgamators, which become contaminated with mercury must be thoroughly cleaned with mercury decontaminant.

h. The cognizant industrial hygiene office must be contacted to test the decontaminated area and equipment for residual mercury.

3. Mercury Disposal

a. Mercury and mercury compounds must not be dumped into any body of water including open seas or oceans, or intentionally released into any ship's waste disposal system. Shipboard mercury storage and handling areas must not be connected to deck drainage systems.

b. For shipboard only, all mercury-contaminated waste, including scrap amalgam, must be collected, packaged with a double boundary of confinement using plastic bags, sealable drums, or polyethylene bottles, and labeled.

c. For shore facilities, packaged mercury waste must be disposed of in cooperation with the base environmental public works department.

d. Special disposal procedures are not required for items contaminated with trace amounts of mercury, such as used, disposal amalgam capsules. Re-close amalgam capsules after use or seal used capsules in a denture bag.

4. Mercury Decontamination Kits. Mercury decontamination kits are commercially available and must be obtained by commands to be available for facilities requiring their use.

MERCURY CONTROL SAFETY PROGRAM MATERIALS

The following materials may be used in the Mercury Control Safety Program:

1. Decontaminating agent (HgX®), NSN 6850-00-495-5506.
2. Cup, dental amalgam, skid-resisting base, corrosion-resistant steel, NSN 6520-00-138-9748.
3. Jar, surgical needle, with cover, 3 1/16" high and 3 1/8" overall, NSN 6530-00-782-7400, or bottle, urine specimen, NSN 6640-00-165-5778 (for amalgam scrap).
4. Stainless steel tray, 19" X 12 5/8" X 1/2," NSN 4931-01-007-0276 or equivalent (for catch tray).
5. Bag, dental prosthesis, NSN 6520-00-926-9041.