

# MCES Industrial Online Reporting System

Annual Statement Submittal Instructions for Dental Offices

## MCES Industrial Online Reporting System (IORS) – Annual Statement

Log into the MCES Industrial Online Reporting System at: [metro council.org/IORS](http://metro council.org/IORS)

### 1. Submitting your Annual Statement

From the “My Dashboard” tab, look for the submittal type “Annual Certification Statement – Dental Offices.”

The screenshot shows the MCES Industrial Online Reporting System dashboard. The top navigation bar includes "My Dashboard", "Submittal", and "My Account". The user is logged in as "Hello, Ashley". The main content area is titled "Upcoming Submittal Obligations" and displays a table with 1-3 items. The table has columns for Edit, Facility, Permit No, Submittal Type, Monitoring Point, Application Category, Monitoring Period, Due Date, Status, and Submit Date. The table contains three rows of submittal obligations, each with an "Edit" button in the first column.

Edit	Facility	Permit No	Submittal Type	Monitoring Point	Application Category	Monitoring Period	Due Date	Status	Submit Date
<a href="#">Edit</a>	#TEST - TINA Dental 1	#018	Annual Certification Statement - Dental Offices	SP-01	1	7/1/2017 - 6/30/2018	06/30/2018	Not Started	
<a href="#">Edit</a>	IORS Training Facility	#999	Sampling Results SMR - Standard Discharges	SP-01	1	10/1/2017 - 12/31/2017	01/31/2018	Over Due	
<a href="#">Edit</a>	IORS Training Facility	#999	Reporting Period Info SMR - Standard Discharges	SP-01	1	10/1/2017 - 12/31/2017	01/31/2018	Over Due	

Click on the edit button in the “Edit” column for the respective submittal.

**Wizard Panel** - The Wizard Panel will appear as a grey panel to the left of the form. This panel will help you navigate through completing the form. The following instructions correspond to the Wizard Panel. There are four steps to follow:

1. Data Entry
2. Attachment
3. Validation
4. Submission

The screenshot shows the MCES Industrial Online Reporting System Wizard Panel for a Dental SMR submittal. The panel is titled "DENTAL SMR (SUBMITTAL ID: 5639)" and includes a "Contact Information" section. The contact information section displays the facility name, location, and mailing address. Below this, there is a table of contacts with columns for Responsibility Type, Status, Salutation, First Name, Middle Initial, Last Name, Job Title, Contact Mailing Address, and Address Line 2. The table contains two rows of contact information. Below the table, there is an "Add New Contact" button and three questions related to the dental office's ownership and location changes.

Responsibility Type	Status	Salutation	First Name	Middle Initial	Last Name	Job Title	Contact Mailing Address	Address Line 2
Signature Authority - Writing Field Primary Responsible Contact	<input checked="" type="checkbox"/>	Mr	Smith		Dentist	REGDNG DENT	10 TEST Lane	
Responsible Contact	<input checked="" type="checkbox"/>		Robyn		Doe	Testing	10 TEST Lane	

## 1. Data Entry

Wizard Panel

**1 Data Entry**  
To fill in all Data Entry Forms

Dental SMR

General Information

Comment on Reports

The grey header displays the facility's basic information. Before adding any information to the form, confirm that the information in this grey header is for the correct facility and reporting period. If the information is incorrect, please go back to the previous page and select the correct submission.

### Step 1: Basic Information

Below the grey header there is a blue table that displays the facility's contact information.

**Note:** Scroll to the right of the screen to see all the information about the contact.

#### Contact Information

Facility Name: ##TEST - ALC Dental Mailing Address: 1 TEST Lane , ST PAUL, MN 55101	Facility Location: 1 TEST LN, ST PAUL, Hennepin, MN 55101 County: Hennepin	Permit No.: #AD1 Reporting Period:
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Carefully review your Facility's contact information below. To make updates to a contact, click on the icon to the very left. If a contact is no longer active at your facility, click on the

	Responsibility Type	Status	Salutation	First Name	Middle Initial	Last Name	Job Title	Contact Mailing Address	Add
	Primary Responsible Dentist		Mr	Test	E	Person	Primary	12 TEST Lane	
	Field			Jane	C	Doe	Payroll	10 Test Lane	

**Add New Contact**

**To add:** Click on the **yellow "Add New Record"** button. The page will display a pop-up window for you to enter in the contact information for a new contact person. Then click on the blue "Save" button. The blue table will be updated with the new contact person.

	Responsibility Type	Status	Salutation	First Name	Middle Initial	Last Name	Job Title
	Primary Responsible Dentist		Mr	Test	E	Person	Primary
	Field			Jane	C	Doe	Payroll

**To remove:** If the person no longer works at the facility change the status from "Active" to "Inactive" by clicking on the **green** check mark button in the status column of the table. The status will change to a **red** "X" mark.

**To edit:** Click on the "edit" symbol (far left column) in the row of the respective person who's contact information needs to be updated. The page will display a pop-up window for you to enter in the updated information. Then click on the blue "Save" button.

Note for a **Name Change:** make the correction, enter in the correct name in the box provided. Please also include a reason for the name correction. To save the record, click on the blue "Save" button. The blue table will be updated with the information that was provided in the pop-up window.

Next, enter the name of the dental office owner (person(s), corporation, etc.) in the box provided. Then use the radio buttons to answer questions 2 through 4.

★ 1. What is the name of the dental office owner (person(s), corporation, etc.)?

★ 2. Has there been an ownership change for this dental office since June 30 of last year?  Yes  No

★ 3. Has your dental office changed its physical location since the submittal of your last Annual Statement?  Yes  No

★ 4. Do you operate any other dental offices in the seven county Minneapolis-St Paul Metropolitan Area that are not registered with MCES?  Yes  No

## Step 2: Amalgam Separator Information

### Amalgam Separator Information

Please review and correct amalgam separator information as needed:

★ Separator Manufacturer:  ★ Model Name/Number:

★ Serial Number (main unit, not filter SN):  ★ Date Installed:

1. Is the amalgam separator shown above still in service?  Yes  No

★ 2. How often is your amalgam separator inspected?

★ 3. Is the amalgam separator inspected and operated according to the manufacturer's guidelines and operating manual?  Yes  No

★ 4. Please note that vacuum system wastewater not flowing through the amalgam retaining collecting container or not settling adequately would constitute a bypass. Do you have any knowledge of the amalgam separator ever overflowing or bypassing in the past year, or since submitting your last Annual Statement?  Yes  No

★ 5. Is there a third-party company (such as a dental supply company) assisting with operating or servicing your amalgam separator?  Yes  No

★ 6. Do you keep records of amalgam separator inspections, repairs, replacement, servicing of the amalgam retaining collecting container, and shipping of the amalgam separator waste solids?  Yes  No

★ 7. Is your amalgam separator shared with a neighboring dental office(s) (which may occur if there is a shared vacuum pump)?  Yes  No

Please review and correct the amalgam separator information displayed in this section. If the amalgam separator listed is no longer in service, click the radio button following question 1 to answer. If the amalgam separator is no longer in service, additional fields will display for you to enter that information.

Use the radio buttons and boxes to answer questions 2 through 13. Then click the blue "Save" button and click "Next."

## General Comments

### General Report Comments and Explanation

[Exit](#) [Save](#) [Previous](#) [Next](#)

If you have any comments about the information provided, please enter the comments in the field provided. Click on the blue "Save" button before clicking on the "Next" to proceed.

## 2. Attachment

The Attachment page allows you to select a method of attaching additional documents and forms necessary to complete the **Annual Certification Statement for Dental Clinics**.

**Note:** Adding supporting documents is optional for this submission type. If you do not have anything to attach, click on the blue **“Next”** button.

Select a radio button to the right of each attachment type to specify how the document will be submitted to MCES.

### Attachment

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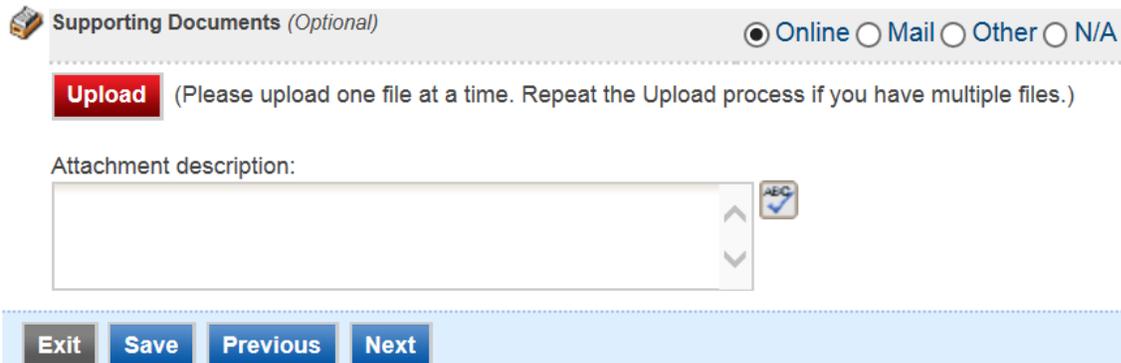
Supporting Documents (Optional)  Online  Mail  Other  N/A

Exit Save Previous Next

If you select the **“Online”** option, the screen will show a **red “Upload”** button.

### Attachment

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Supporting Documents (Optional)  Online  Mail  Other  N/A

**Upload** (Please upload one file at a time. Repeat the Upload process if you have multiple files.)

Attachment description:

Exit Save Previous Next

To proceed, click on the **“Upload”** button and the **“Browse”** button to search for the document that you would like to attach. Below the file name there is a comment field for you to add in a document description. The comment field is not required.

Click on the blue **“Save”** button to attach the document to this submission.

The Attachment page will update and show the name and the description that you entered.

**Note:** More than one document can be uploaded to each attachment type.

If you attached a document in error, please click on the **red “X”** button to remove the attachment.

If you select the **“Mail”** option, the page will update to show the address the document should be mailed to. Please mail documents to:

Industrial Waste & Pollution Prevention Section  
Metropolitan Council Environmental Services  
390 Robert Street North  
St Paul, MN 55101

Click on the blue **“Save”** button before proceeding to the next page.

### 3. Validation

The **Annual Certification Statement – Dental Office** must pass the system validation before submission to MCES.



- In form Dental SMR:
  - Please enter information on how frequently your amalgam separator is inspected?
  - One (1) Signatory Authority contact must be specified in Contact Information.

#### Application Form(s) Summary

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Dental SMR Dental SMR - Form View

- General Information
- Comment on Reports

#### Attachment(s) Summary

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Supporting Documents

[Exit](#) [Previous](#) [Next](#)

A **red** “X” indicates that this section of the form did not pass the validation.

To navigate to the error and make corrections, click on the wording next to the **red** “X.” Make the appropriate changes and save before going back to the validation page. **You will not be able to submit the report until the red X is cleared.**

A **green** check mark indicates that this section of the form passes the validation.

After passing all validation checks, proceed to the Submission page by clicking on the blue “**Next**” button.

### Previewing your Submission

On the Validation page, there is a pdf link for you to preview the submission. To view, click on the “Preview My Submittal” link. This will launch a window for you to view your submission.

**Note:** Viewing this pdf not mean that you have submitted the form. Look over the form but do not save a copy of the preview. When the form is successfully submitted, you will receive a final signed pdf copy of the form.

#### Application Form(s) Summary

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Dental SMR Dental SMR - Form View

- General Information
- Comment on Reports

## 4. Submission

Only users with the account type Responsible Official (RO) can certify, sign, and submit reports using the online reporting system.

**Consultants** – If you are signed under an account type Consultant, you will see a **green** button “**Notify owner ready for review and submittal.**” Click on the button and an email notification will be sent to all Responsible Officials for this submittal stating that the submittal is ready for their review and submittal.

The Responsible Official must locate the submittal under the “Edit Pending Submittals” option from the “Submittal” tab on the home page. For instructions on how to find the submission, go to the “Editing an Unfinished Submittal” instructions to complete the submittal.

### Certification of Submission

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\* I certify that this dental office's amalgam separator for treating vacuum system wastewater is being properly operated and maintained and that amalgam and other office wastes are being managed in accordance with the American Dental Association's Best Management Practices and county, state, and federal regulations. See the Minnesota Pollution Control Agency's (MPCA) website for related information: <http://www/pca/state/mn.us/index.php/topics/mercury/managing-dental-waste/html>.

Question: What breed of dog do you prefer?

Answer:

PIN:

### Security Precautions

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To prevent your information from being used inappropriately, we maintain stringent electronic safeguards as well as other safeguards. In addition, the MCES Industrial Online Reporting System is powered by VeriSign's Certificates and Authorize .NET's PCI compliant processes. You are responsible for maintaining the confidentiality of your password. Please note that we may terminate your access to the MCES Industrial Online Reporting System at any time.

### Disclaimer

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The Metropolitan Council disclaims any and all liability from damages which may result from the accessing the MCES Industrial Online Reporting System.

**Exit** **Previous** **Notify owner ready for review and submittal**

**This application can only be submitted by the owner or authorized agent. Please contact the owner or authorized agent stating this application is ready for his/her review and submittal.**

**Responsible Officials** – If you are signed in under an account type Responsible Official you can complete the submittal.

### Certification of Submission

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\* I certify that this dental office's amalgam separator for treating vacuum system wastewater is being properly operated and maintained and that amalgam and other office wastes are being managed in accordance with the American Dental Association's Best Management Practices and county, state, and federal regulations. See the Minnesota Pollution Control Agency's (MPCA) website for related information: <http://www/pca/state/mn.us/index.php/topics/mercury/managing-dental-waste/html>.

Question: What breed of dog do you prefer?

Answer:

PIN:

### Security Precautions

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To prevent your information from being used inappropriately, we maintain stringent electronic safeguards as well as other safeguards. In addition, the MCES Industrial Online Reporting System is powered by VeriSign's Certificates and Authorize .NET's PCI compliant processes. You are responsible for maintaining the confidentiality of your password. Please note that we may terminate your access to the MCES Industrial Online Reporting System at any time.

### Disclaimer

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The Metropolitan Council disclaims any and all liability from damages which may result from the accessing the MCES Industrial Online Reporting System.

**Exit** **Previous** **Submit**

Please read through the certification statement and check the box.

Answer the security question and enter your PIN number in the appropriate boxes.

If you forgot your security question or PIN, hit exit and go to **My Account** on the homepage to get a new one. Then go back to complete the submission. For instructions on opening an unfinished submittal, see **Editing an Unfinished Submittal** section of this help sheet.

Click on the blue **“Submit”** button at the bottom of the page to submit the **Annual Certification Statement – Dental Offices**.

### Copy of Record

After submitting the **Annual Certification Statement – Dental Offices** you will see a Copy of Record (COR). The COR includes information on who submitted the form, which form was submitted, attachments, etc. You will also receive an email that includes this information. In addition, the email includes an Adobe Acrobat pdf file of the submission for your records.

**Go to Submitted List**

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**Submittal ID: 4022**

Submitted By:	Owner Info:
Jane Doe 455 Etna Street St Paul, MN 55106 6516024789	Jane Doe 455 Etna Street St Paul, MN 55106 6516024789

Submitted on: 3/31/2017 4:22:28 PM

**Form Detail**

- Dental SMR

**Attachment Detail**

**Supporting Documents (Optional) --**

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**Certification Receipt**

Certification Statement:	<b>I certify that this dental office's amalgam separator for treating vacuum system wastewater is being properly operated and maintained and that amalgam and other office wastes are being managed in accordance with the American Dental Association's Best Management Practices and county, state, and federal regulations. See the Minnesota Pollution Control Agency's (MPCA) website for related information: <a href="http://www/pca/state/mn.us/index.php/topics/mercury/managing-dental-waste/html">http://www/pca/state/mn.us/index.php/topics/mercury/managing-dental-waste/html</a>.</b>
Certification Question:	<b>What breed of dog do you prefer?</b>
Certification Question Answer:	*****
PIN Number:	*****

## View Submittals

From the home page, you can view your submittals by hovering the cursor over the “Submittal” tab and select **“Manage Submitted Cases.”**

The grid view under the “Submittal List” shows details about the submittal, submitted date, review status, and monitoring period. The **Status** types are:

- Complete Submittal – Report has been submitted by the Responsible Official.
- Partial Submittal – Report has been submitted by the Responsible Official, however, the user designated that they would mail in an attachment rather than submitting the document online.
- Approved – Report has been accepted by MCES and is under further review.
- Revision Archived – You or MCES has requested a revision on the submittal.

To view a submission, click on the **yellow “View”** button.

Submittal ID:  Submittal Status: (All)  Submitted Date:  ~

Category: Report  Department: (All)  Program: (All)  Submittal Type: Dental Office Amalgam Recovery Program Annual Statement

Facility Name: (All)  Permit Number: (All)

Monitoring Period:  ~  Report Due Date:  ~

Request for:

### Submittal List

1 - 2 of 2 item(s)

Detail	Submittal Information	Submitted Date	Review Status	Facility Information	Monitoring Period	Due Date
<a href="#">View</a>	<b>4022 - Dental Office Amalgam Recovery Program Annual Statement</b> Department Type: REPORT Program Type: DENTAL Form Type: DENTAL PermitNo.: #AD1	03/31/2017 16:22 PM	<b>Complete Submittal</b>	##TEST - ALC Dental	01/01/2000 ~ 12/31/2000	

This page displays the basic information about the submittal with tabs to click on for further information.

[Back to Search](#)



( 4022 ) Dental Office Amalgam Recovery Program Annual Statement

Submitted on: 3/31/2017 4:22:28 PM ( Timespan: 0 Business Days)

Facility: ##TEST - ALC Dental

Address: 1 TEST Lane , ST PAUL, MN 55101

Owner: Ashley Corbeille

Form Type: **DENTAL**

Permit#: **#AD1**

Monitoring Period: 01/01/2000 ~ 12/31/2000

Due Date:

Required Documents: 0 ( Non-Review: 0 )

Receipt: [Click on this](#)

Send **Notification**

**Original/Revision**

[Submittal](#) | [Attachment](#) | [Correspondence](#) | [Email History](#)

Click the form link under "Application Form(s) Detail" to view the submitted Application Form.

### Application Basic Information

Submittal ID: **4022**

App Name: **Dental Office Amalgam Recovery Program Annual Statement**

Submitted Date: **3/31/2017 4:22:28 PM**

Submitted by:  
**Jane Doe**  
455 Etna Street  
St Paul, MN 55106  
6516024789

Review Status: **Complete Submittal**

### Application Form(s) Detail

 [Online Dental SMR](#)  [Dental SMR - Form View](#)

### Application Revision

\* Reason for Revision:

[Request for Revision](#)

## Submittal Information Tabs

- **Submittal** – for viewing the submission in an online form or an Adobe pdf file.  
If you found an error in the information submitted and would like to resubmit, enter in a reason in the box provided under the heading "Application Revision" and click on the blue "**Request for Revision**" button. See "**Editing a Completed Submittal**" for further instructions.
- **Attachment** – for viewing documents that you attached to the submittal and the method of attachment. If you choose to mail in the documentation, please mail to:  
Industrial Waste & Pollution Prevention Section  
Metropolitan Council Environmental Services  
390 Robert Street North  
St Paul, MN 55101
- **Correspondence** – for sending messages to the MCES Engineer in charge of your Permit.
- **Email History** – for viewing system generated emails that are tied to the submittal. You can click on the icon under the "Detail" column to see the contents of the email.

## Editing an Unfinished Submittal

Log into the MCES Industrial Online Reporting System at: <https://www.govonlineaas.com/MN/SPL/Public>.

From the homepage, hover the cursor over the “Submittal” tab and click on the “Edit Pending Submittals.”

Use the search criteria to locate the **Annual Certification Statement – Dental Offices** that was previously started.

**Note:** Click on the blue “Search” each time you make a change to the search criteria. The search feature only updates when this button is pressed.

Submittal ID:

Category:  Department:  Program:  Submittal Type:

Facility Name:  Permit Number:

Monitoring Period:  ~  Report Due Date:  ~

**Unfinished Submittals**

1 - 1 of 1 item(s)

Delete	Edit	Submittal Information	Facility Name	Form Type	Report Frequency	Monitoring Period	Due Date	Status	Last Updated Date
		<b>4022 - Dental Office Amalgam Recovery Program Annual Statement</b> Department Type: REPORT Program Type: DENTAL PermitNo.: #AD1 Status: Open	# #TEST - ALC Dental	Annual Certification Statement - Dental Offices		01/01/2000 ~ 12/31/2000	01/31/2001	Open	03/31/2017 16:03 PM

To open up the unfinished submittal, click on the button in the “Edit” column of the table. Proceed to the **Submitting your Annual Statement** section of this help sheet.

## Editing a Completed Submittal – Request for Revision

Once you made a submission, you must send a **Request for Revision** to MCES to make changes. From the home page, hover over the “Submittal” tab and select “**Manage Submitted Cases.**”

Use the search criteria to find the submittal that needs revision.

**Note:** You will only be able to request a revision online if MCES has not yet reviewed and accepted the submittal (Review Status = “Complete Submittal”). If the submittal has the Review Status of “Approved” you will need to contact your MCES Engineer to make changes

Submittal ID:  Submittal Status: (All)  Submitted Date:  ~

Category: Report  Department: (All)  Program: (All)  Submittal Type: Dental Office Amalgam Recovery Program Annual Statement

Facility Name: (All)  Permit Number: (All)

Monitoring Period:  ~  Report Due Date:  ~

Request for:

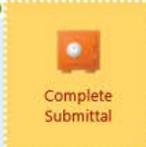
### Submittal List

1 - 2 of 2 item(s)

Detail	Submittal Information	Submitted Date	Review Status	Facility Information	Monitoring Period	Due Date
<a href="#">View</a>	<b>4022 - Dental Office Amalgam Recovery Program Annual Statement</b> Department Type: REPORT Program Type: DENTAL Form Type: DENTAL PermitNo.: #AD1	03/31/2017 16:22 PM	Complete Submittal	##TEST - ALC Dental	01/01/2000 ~ 12/31/2000	

Click on the **yellow View** button adjacent to the submittal you want to edit.

[← Back to Search](#)



**Complete Submittal**

( 4022 ) Dental Office Amalgam Recovery Program Annual Statement

Submitted on: 3/31/2017 4:22:28 PM ( Timespan: 0 Business Days)

Facility: ##TEST - ALC Dental

Address: 1 TEST Lane , ST PAUL, MN 55101

Owner: Ashley Corbeille

Form Type: **DENTAL**

Permit#: **#AD1**

Monitoring Period: 01/01/2000 ~ 12/31/2000

Due Date:

Required Documents: 0 ( Non-Review: 0 )

Receipt: [Click on this](#)

Send **Notification**

**Original/Revision**

Submittal

Attachment

Correspondence

Email History

Click the form link under "Application Form(s) Detail" to view the submitted Application Form.

**Application Basic Information**

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Submittal ID: **4022**

App Name: **Dental Office Amalgam Recovery Program Annual Statement**

Submitted Date: **3/31/2017 4:22:28 PM**

Submitted by:

**Jane Doe**  
**455 Etna Street**  
**St Paul, MN 55106**  
**6516024789**

Review Status: **Complete Submittal**

**Application Form(s) Detail**

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 [Online Dental SMR](#)  [Dental SMR - Form View](#)

**Application Revision**

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\* Reason for Revision:  

**Request for Revision**

From the “**Submittal**” tab, under **Application Revision** click in the “**Reason for Revision**” box and provide an explanation for the revision. Click the blue button **Request for Revision**. This will send an email message to MCES.

MCES will review the request and send the User an email message approving or denying the request. If the request is approved:

- log into the MCES Industrial Online Reporting System
- hover the cursor over the “Submittal” tab and click on the “Edit Pending Submittals”
- search for the submittal with the status of “Revision” and click on the button in the edit column
- make the change, save, and go through the validation and submission process again

**Note:** The submission with the status of “Revision” is the exact copy of what you previously submitted.

### Questions

If you have any questions, please call the MCES Industrial Online Reporting Helpline at 651.602.4789 or send an email to [MCESIndustrialOnlineReporting@metc.state.mn.us](mailto:MCESIndustrialOnlineReporting@metc.state.mn.us).