

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

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
Edit	#TEST - TINA Dental 1	#018	Annual Certification Statement - Dental Offices	SP-01	1	7/1/2017 - 6/30/2018	06/30/2018	Not Started	
Edit	IORs Training Facility	#999	Sampling Results SMR - Standard Discharges	SP-01	1	10/1/2017 - 12/31/2017	01/31/2018	Over Due	
Edit	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.

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	

