

# Pharmaceutical Waste Collection Program Survey

## Permanent Sites

Please fill in all fields in white as completely as you can and return by **Thursday, June 10, 2010.**

accessibility	<b>Type of collection program/site</b> (fill out one Excel survey for each type of site)				
	<b>Number of collection sites</b>				
	<b>Enter typical hours per week per location when the public can drop off drug waste</b> (e.g., M-F, 8a-5p, Sat/Sun, 10a-8p, etc.)*		*if hours are different for different sites, enter each in "Additional Comments"		
<b>Permanent collection program start date</b> (mm/dd/yyyy)					
costs/funds			<b>Funder #1</b>	<b>Funder #2 (if applicable)</b>	<b>Funder #3 (if applicable)</b>
	<b>Please list the entity that funds the program</b> (if more than one funder, use separate columns)				
	<b>If more than one funder is listed above, what percent of the collection program does each funding source pay for?</b>				
	<b>Check activity funded for each funding source above</b> (if applicable)		<input type="checkbox"/> Ads <input type="checkbox"/> Hauler/processing fee <input type="checkbox"/> Admin/staff time	<input type="checkbox"/> Ads <input type="checkbox"/> Hauler/processing fee <input type="checkbox"/> Admin/staff time	<input type="checkbox"/> Ads <input type="checkbox"/> Hauler/processing fee <input type="checkbox"/> Admin/staff time
	<b>How is funding generated</b> (e.g., tipping fees, sanitation district environmental funds, drug prevention budget, added pharmacy customers...)				
	<b>Total costs incurred</b> (July 1, 2009 - March 1, 2010)**		** or list alternative date range in "Additional Comments" if necessary (e.g., Jan. 1-		
<b>Costs include</b> (send us your spreadsheet for a breakdown if possible)		<input type="checkbox"/> Ads <input type="checkbox"/> Hauler/processing fee <input type="checkbox"/> Admin/staff time			
lbs	<b>Total pounds collected</b> (July 1, 2009 - March 1, 2010)**		** or list alternative date range in "Additional Comments" if necessary (e.g., Jan. 1-		
model program consistency	<b>Is there any cost to the consumer at the time of collection?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Do you encourage removing pills from bottle and placing in a Ziploc?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Do you collect controlled substances?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement collects and maintains custody through incineration		
	<b>Does signage indicate it's illegal to drop off controlled substances?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Also says they must give it to law enforcement <input type="checkbox"/> n/a (we are law enforcement)		
	<b>Is the site/drug waste container(s) secured or under surveillance to prevent unauthorized access</b> (e.g., no individual access in a pharmacy)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only law enforcement and/or registered waste haulers have individual access		
	<b>When your collection bin is full, rather than individually handle drug waste to remove it and store elsewhere, do you lock the bin from public access (so drug waste can no longer be deposited) until hauler empties it again?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No/Can't <input type="checkbox"/> Bin is not publicly accessible		
	<b>Are you storing drug waste for no more than 90 days?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> We received enforcement authority permission to store for a longer period		
	<b>Are you maintaining a log containing contact information, collection and access dates, weight, and final disposition of drug waste?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> for controlled substances, log accompanies waste through the point of destruction <input type="checkbox"/> We also commit to keeping logs for three years after the life of the collection device		
	<b>Do you use a CDPH-registered medical or hazardous waste hauler?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No Select registered hauler (if known):		
	<b>Disposal method</b> (e.g., incineration in Utah, ask hauler, etc.)?				
	<b>Have you seen any signs of illegal drug diversion?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>To your best knowledge, is your program consistent with the model program guidelines?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain why in comments) <a href="#">(link to model program guidelines)</a>			
Comments	<b>Additional Comments</b> (e.g., • describe any other costs • highlight your successes • describe any lessons learned • describe any policy or legal barriers • describe key relationships or processes that had a significant impact on program costs, success, outcome, etc. • how has the program changed over time - including waste haulers - and why • if your program is not consistent with the model program guidelines, please explain why • is there anything else that is difficult to quantify or otherwise account for, and if so, why? • What other measures do you employ to prevent drug diversion?)				

# Pharmaceutical Waste Collection Program Survey

## Events

Please fill in all fields in white as completely as you can and return by **Thursday, June 10, 2010.**

accessibility	<b>At what type of location(s) did you hold your event(s)</b> (e.g., mobile event in parking lot, school, with flu vaccination in hospital, see comments, etc.)			
	<b>Number of sites participating in collection event</b>			
	<b>Enter typical hours per location when the public could drop off drug waste</b> (e.g., Saturday 10a-6p, etc.)*		*if hours are different for different sites, enter each in "Additional Comments"	
dates	<b>Enter event date(s)</b> - answer one Excel file survey per event or combine them (e.g., 7/18/2009; 10/17/2009-10/24/2009; 3rd Saturday of each month, etc.).			
costs/funds		<b>Funder #1</b>	<b>Funder #2 (if applicable)</b>	<b>Funder #3 (if applicable)</b>
	<b>Please list the entity that funds the program</b> (if more than one funder, use separate columns)			
	<b>If more than one funder is listed above, what percent of the collection program does each funding source pay for?</b>			
	<b>Check activity funded for each funding source above</b> (if applicable)	<input type="checkbox"/> Ads <input type="checkbox"/> Hauler/processing fees <input type="checkbox"/> Admin/staff time	<input type="checkbox"/> Ads <input type="checkbox"/> Hauler/processing fees <input type="checkbox"/> Admin/staff time	<input type="checkbox"/> Ads <input type="checkbox"/> Hauler/processing fees <input type="checkbox"/> Admin/staff time
	<b>How is funding generated</b> (e.g., tipping fees, sanitation district environmental funds, drug prevention budget, added pharmacy customers...)			
	<b>Total event costs:</b>			
	<b>Costs include</b> (send us your spreadsheet for a breakdown if possible)	<input type="checkbox"/> Ads <input type="checkbox"/> Hauler/processing fees <input type="checkbox"/> Admin/staff time		
lbs	<b>Total pounds collected</b>			
model program consistency	<b>Was there any cost to the consumer at the time of collection?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Did you encourage removing pills from bottle and placing in a Ziploc?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Did you collect controlled substances?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement was present and maintained custody through incineration		
	<b>Did signage indicate it's illegal to drop off controlled substances?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a law enforcement was present		
	<b>Did any participants have access to drugs without a witness or surveillance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only law enforcement and/or registered waste haulers		
	<b>Did you use a CDPH-registered medical or hazardous waste hauler?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Select registered hauler (if known):		
	<b>Disposal method</b> (e.g., incineration in Utah, ask hauler, etc.)?			
	<b>Are you maintaining a log containing contact information, collection and access dates, weight, and final disposition of drug waste?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> for controlled substances, log accompanies waste through the point of destruction <input type="checkbox"/> We also commit to keeping logs for three years after the collection event		
	<b>Did you see any signs of illegal drug diversion?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>To your best knowledge, was your event consistent with the model program guidelines?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain why in comments) <a href="#">(link to model program guidelines)</a>			
Comments	<b>Additional Comments</b> (e.g., • describe any other costs • highlight your successes • describe any lessons learned • describe any policy or legal barriers • describe key relationships or processes that had a significant impact on program costs, success, outcome, etc. • how have your events changed over time - including waste haulers - and why • if your program is not consistent with the model program guidelines, please explain why • is there anything else that is difficult to quantify or otherwise account for, and if so, why? • What other measures do you employ to prevent drug diversion?)			

# Pharmaceutical Waste Collection Program Survey

## Mailers

Please fill in all fields in white as completely as you can and return by **Thursday, May 20, 2010.**

	Location type #1 (e.g., HHW)	Location type #2 (if applicable)	Location type #3 (if applicable)
accessibility	<b>Type of location(s) where mailers have been available to the public</b>		
	<b>Number of sites for each type listed above where mailers are available</b>		
	<b>Enter typical hours per week per location type when the public can pick up mailers (e.g., M-F, 8a-5p, etc.). List in "Additional Comments" if necessary.</b>		
	<b>Mailer program start date (mm/dd/yyyy)</b>		
costs/funds	<b>Please list the entity that funds the program</b> (if more than one funder, use separate columns)		
	<b>If more than one funder is listed above, what percent of the collection program does each funding source pay for?</b>		
	<b>Check activity funded for each funding source above (if applicable)</b>		
	<b>How is funding generated (e.g., tipping fees, sanitation district environmental funds, drug prevention budget, added pharmacy customers...)</b>		
	<b>Were all mailers purchased with prepaid postage?</b>		
	<b>Mailer unit cost</b>		
	<b>Total costs incurred (program start to March 1, 2010)*</b>	<b>*or list alternative date range in "Additional Comments" if necessary (e.g., Jan. 1-Dec. 31, 2009)</b>	
	<b>Costs include (send us your spreadsheet for a breakdown if possible):</b>		
quantities	<b>Total number of mailers purchased</b>		
	<b>Type of mailer purchased (if Sharps Compliance™, look on mailer for #)</b>		
	<b>Total number of mailers distributed (through March 1, 2010)*</b>		
	<b>Total number of mailers incinerated (through March 1, 2010)*</b>		
	<b>Total pounds collected (program start to March 1, 2010)*</b>		
model program?	<b>Is there any cost to the consumer when mailers are given out?</b>		
	<b>In addition to the standard instructions provided with your mailers (e.g., "Rx TakeAway™ Instructions for Use"), do you provide any additional education to mailer recipients?*</b>		
	<b>Have you seen any signs of illegal drug diversion?</b>		
	<b>To your best knowledge, is your program consistent with the model program guidelines?</b>		
Comments	<b>Additional Comments (e.g., • describe any other costs • highlight your successes • describe any lessons learned • describe any policy or legal barriers • if advertising was used, where and how was the program advertised • describe key relationships or processes that had a significant impact on program costs, success, outcome, etc. • how has the program changed over time and why • if your program is not consistent with the model program guidelines, please explain why • is there anything else that is difficult to quantify or otherwise account for, and if so, why? • what other measures do you employ to prevent drug diversion?)</b>		