



NOTIFICATION FOR REGISTRATION OF ONSITE PHARMACEUTICAL DRUG COLLECTION PROGRAM

To be used only by pharmacies for onsite pharmaceutical collections

1.	Pharmacy Name: _____ Address: _____ _____ _____	
	Lead Contact Person: _____ Title: _____ Phone Number: (____) _____ Email Address: _____	
2.	Date(s) of event: _____ From: _____ To: _____ (not to exceed 5 years)	

TRANSPORTER INFORMATION

3.	Name of Hazardous Waste Transporter: _____ Hazardous Waste Transporter License #: _____ License Expiration Date: _____ Lead Contact Person: _____ Title: _____ Address: _____ Phone #: (____) _____ City: _____ State: _____ Zip: _____
----	---

COLLECTION SITE INFORMATION – provide address of each collection location

4.	Location #1: Licensed Pharmacy Name: _____ Pharmacy License #: PP _____ Licensed Pharmacist Name: _____ Pharmacist License # RP _____ Address: _____ _____
	Location #2: Licensed Pharmacy Name: _____ Pharmacy License #: PP _____ Licensed Pharmacist Name: _____ Pharmacist License # RP _____ Address: _____ _____
	Location #3: Licensed Pharmacy Name: _____ Pharmacy License #: PP _____ Licensed Pharmacist Name: _____ Pharmacist License # RP _____ Address: _____ _____
	Location #4: Licensed Pharmacy Name: _____ Pharmacy License #: PP _____ Licensed Pharmacist Name: _____ Pharmacist License # RP _____ Address: _____ _____

Add additional sheets if necessary

5. Sponsor Certification:

For the Notification to be complete, you must initial each of the following conditions that must be satisfied to operate in accordance with the Registration and certify the information being provided. Your initials acknowledge your understanding of the conditions. Notification is not considered complete if any item below is not initialed, or the form is not signed. Statements may be electronically initialed if the Registration is submitted by email.

Initials

- _____ The pharmacy listed on page 1 of this Notification and each additional location listed in number 4 above is the generator of all hazardous, municipal and residual pharmaceutical waste collected under this Notification and is required to comply with all applicable federal and state hazardous, municipal and residual waste laws and regulations. Only pharmaceutical waste will be collected under this Notification. For purposes of this registration pharmaceuticals are defined as a "drug" under Section 2 of the Controlled Substances, Drugs, Devices, and Cosmetic Act (Act 64 of 1972, P.L. 233).
- _____ Only pharmaceutical waste from households will be accepted for disposal. Pharmaceutical waste from doctors' offices, other pharmacies or any party other than a household will not be accepted for disposal. Except for glacial acetic acid, concentrated sodium hydroxide and bulk nitroglycerin, pharmaceutical waste generated by the pharmacy at the location of the collection may be managed with the pharmaceutical waste collected from households. Nitroglycerin in dosage form may be accepted for disposal.
- _____ The amount of pharmaceutical waste collected and stored at any one time will not exceed 220 total pounds. In addition, the amount of acute hazardous pharmaceutical waste collected and stored at any one time will not exceed 2.2 pounds. Pharmaceutical waste will not be stored longer than one year prior to being shipped offsite for proper management. All storage containers will be labeled with the first date on which pharmaceutical waste is placed in the container and meet all federal and state storage requirements. It is acknowledged that collected pharmaceutical waste may include P codes, U codes, ignitables, reactives, and other types of hazardous waste.
- _____ If hazardous waste is placed in a container with non-hazardous waste, the entire container of waste will be managed as hazardous waste.
- _____ Pharmaceutical waste will be accepted only for disposal and no other purpose.
- _____ Noncontrolled pharmaceutical waste in the original manufacturer's container or original dispensed labeled vial may be accepted for disposal. In the event the pharmaceutical waste is not in the original manufacturer's container or original dispensed labeled vial, it must be readily identifiable by the pharmacist as noncontrolled and placed into an appropriate sealed vial, labeled with the contents and placed into the disposal container.
- _____ Pharmaceutical waste not in the original manufacturer's container, original dispensed labeled vial or appropriate sealed and labeled container will not be accepted. Pharmaceutical waste that cannot be identified as noncontrolled will not be accepted. Pharmaceutical waste that has been dissolved or otherwise had its physical form altered will not be accepted. Sharps and other infectious waste will not be accepted.
- _____ Radioactive pharmaceuticals will not be accepted from households for disposal. Radioactive pharmaceuticals generated by the Registrant may not be managed or mixed with other materials covered by this registration.
- _____ No liquids will be poured into disposal container.
- _____ All pharmaceutical waste will be shipped using a hazardous waste transporter licensed by the Department to transport hazardous waste. All pharmaceutical waste will be managed at an appropriately permitted facility.
- _____ Failure to meet the terms and conditions set forth in this Registration and applicable federal and state laws and regulations may result in the Department suspending or revoking the Registration.
- _____ A pharmacist licensed in the Commonwealth of Pennsylvania will be onsite at all times when pharmaceutical waste is accepted from the general public. The licensed pharmacist will ensure that pharmaceutical waste is accepted in accordance with applicable federal and state laws and regulations, including those implemented by the Federal Drug Enforcement Administration.
- _____ **All pharmaceutical waste collected will be kept inside the pharmacy's prescription department. Only a licensed pharmacist or a trained pharmacy technician working under the supervision of a licensed pharmacist or a pharmacy intern working under the supervision of a licensed pharmacist may accept the waste pharmaceuticals for disposal. No controlled pharmaceuticals, controlled substances, or unidentifiable pharmaceuticals will be accepted.**
- _____ The phone number for local police will be kept available at the pharmacy's point of collection.
- _____ A record of pharmaceutical waste that is shipped through the licensed hazardous waste transporter will be kept for three years and made available to the Department upon request.

5. Sponsor Certification: (continued)

Initials

- _____ This Registration only satisfies the requirement under the Small Business and Household Pollution and Prevention Program Act that collection programs be registered and approved by the Department. All other applicable federal and state laws and regulations, including those of the Department of Health, Department of State, Department of State Pharmacy Board, Federal Occupational Safety and Health Administration and the Federal Drug Enforcement Administration will be met.
- _____ The name of a prescription owner on a prescription label will be made illegible or otherwise removed from the prescription container.
- _____ The Department may change the terms and conditions of this Notification for Registration process. It is the responsibility of the pharmacy to meet any changes the Department may make to an approval associated with this Registration. Failure to meet and changes may result in the Department suspending or revoking the Registration.
- _____ A copy of this registration must be kept onsite at all times.

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

I, _____, _____, state that I am an Official of the
Name Title

Applicant and that the information included in the Application and Documents submitted as a part of the Application are true and correct to the best of my knowledge and belief. I understand that the submission of an Application, which I know to be forged, altered or otherwise lacking in authenticity, with the intent to mislead a public servant in performance of his official function, is an action punishable by law (18 Pa. C.S.A. §4904).

APPLICATION SUBMITTED THIS _____ DAY OF _____, 20_____.

Signature

Printed Name

Electronic Signature – Place “X” in box below

I hereby accept the terms described above.