



**CONTRA COSTA
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Stewardship Program Annual Report Checklist

Please complete this form and submit attached annual report document. If any of the information below is incomplete, the Stewardship Program Annual Report Checklist will not be accepted for review.

Program Operator Information

PROGRAM OPERATOR NAME:	
PROGRAM OPERATOR ADDRESS:	
CITY/STATE/ZIP CODE:	
PROGRAM OPERATOR PHONE #:	PROGRAM OPERATOR FAX #:
PROGRAM OPERATOR EMAIL:	PROGRAM OPERATOR WEBSITE:

Report Checklist for Program Operations

Page Number(s)	Program Operations
	List of all participating producers.
	Weight of all unwanted covered drugs collected, including the weight of unwanted covered drugs collected using each collection method utilized in the program.
	A list of all drop-off sites.
	The number of mailers provided to county residents.
	The locations where mailers were provided, if applicable.
	The dates and locations of collection events held, if applicable.
	A list of all transporters used.
	A list of all facilities to which the collected unwanted covered drugs were transported.
	Any safety or security problems that occurred during collection, transportation or disposal of unwanted covered drugs, and changes made or proposed to alleviate those problems.
	A description of all public education and promotion activities.
	A description of how collected packaging was recycled to the extent feasible; including identification of the recycling facilities used.
	A discussion of the degree of success in meeting the short- and long-term goals of the approved stewardship program, and to the extent goals were not met, plans to achieve those goals in the next reporting period.
	Total expenditures of the approved stewardship program.
	Written notices provided to all retail pharmacies located in the county and all law enforcement agencies with jurisdiction in the county of the opportunity to participate as collectors.

I certify, under penalty of perjury under the laws of the State of California, that the information on this application and any accompanying documents is true and correct, with the full knowledge that all statements and accompanying documents are subject to investigation, and any false or dishonest information or accompanying documents may be grounds for denial or other actions.

Signature: _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY

FA#:	PR#:	AR#:	P/E:	ASSIGNED TO:	RECEIVED BY:	DATE RECEIVED:
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