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STEWARDSHIP PLAN CHECKLIST

SECTION 1: Producer Information

PRODUCER NAME / DBA:		PERSON IN CHARGE(PIC) OF STEWARDSHIP PLAN:	
PIC EMAIL:		PIC PHONE #:	PIC FAX #

SECTION 2: Stewardship Organization Information (If applicable)

STEWARDSHIP ORGANIZATION NAME / DBA:		PERSON IN CHARGE(PIC) OF STEWARDSHIP PLAN:	
PIC EMAIL:		PIC PHONE #:	PIC FAX #

SECTION 3: Content of Stewardship Plan

A stewardship plan must fully describe a stewardship program and comply with Ord. 418-16. The plan must include at a minimum the items listed in the table below. Provide the page number(s) where the information is located in the stewardship plan, Ord 418-16.208.

Required Content of Stewardship Plan	Page Number(s)
Identification of and contact information for each participating producer.	
Identification of and contact information for the person who will operate the stewardship program.	
Description of collection system.	
Safe and secure collection services within the unincorporated area.	
At least 3 convenient and equitably accessible drop- off sites in each supervisorial district. If less than 3, a free mail-back service will be provided and at least quarterly take-back events at least 6 hours in length will be provided to all county residents.	
Preference given to retail pharmacies and law enforcement agencies that are able to meet requirements.	
Free mail-back service convenient and equitably accessible to disable and homebound residents.	
List of all collection methods and collectors.	
List of all drop-off sites.	
Description of how any periodic take-back events will be scheduled and located.	
Description of how mail-back services will be provided and an example of the prepaid, preaddressed mailer to be used.	
Description of system for transporting and disposing of collected unwanted drugs.	
Transporter operates under all required permits and licenses.	
Collected drugs disposed of at medical waste facility or hazardous waste facility that operates under all required permits and licenses.	
Identification of and contact information for transporters and disposal facilities to be used.	
Description of policies and procedures to be followed by persons handling collected unwanted covered drugs.	
Description of how collected unwanted drugs will be safely and securely tracked from collection through final disposal.	
Description of how persons participating in the stewardship plan will comply with all applicable laws, rules and guidelines.	
Description of outreach measures taken/to be taken to result in use of collection program by county residents.	
Short-term and long-term goals of program in terms of collection amounts, education and promotion.	
Description of how program will consider use of existing providers of pharmaceutical waste services.	
Description of separation of drugs from packing to the extent feasible and recycling of drug packaging.	

I certify, under penalty of perjury under the laws of the State of California, that the information on this document 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#:	SR#:	AR#:	P/E:	ASSIGNED TO:	RECEIVED BY:	DATE RECEIVED:
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