

Community Medical Foundation for Patient Safety

ANNUAL SURVEY OF DRUG TAKE-BACK AND DISPOSAL PROGRAMS 2012

Please help us compile a list of existing take-back programs in the U.S. and around the world. Information you provide will be included in the National Directory of Drug Take-Back and Disposal Programs. Use a black or blue pen and print clearly. Return completed survey by fax or mail to the address below. For more information, contact Matthew Mireles, 832-778-7777.

Name of Program									
Location of Program		City			State or Province			Country	
Contact Person							Title		
Address 1							URL Address (website)		
Address 2								Zip Code US only	
		City			State or Province			Country	
Phone Number				Fax		Email			
Primary Sponsor of Program									
Co-sponsors or Partners									
Initiation Date (mm/dd/yy)				Are you a participant of the Unused & Expired Medicines Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/> Don't know					
Collection Schedule <input type="checkbox"/> One time <input type="checkbox"/> Ongoing <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____									
Collection Method Check all that apply <input type="checkbox"/> Drop-off at event <input type="checkbox"/> Drop-off at pharmacy <input type="checkbox"/> Direct mail-in <input type="checkbox"/> Drop-off at police station <input type="checkbox"/> Other (describe) _____									
Destruction Method <input type="checkbox"/> Incineration <input type="checkbox"/> Landfill <input type="checkbox"/> Both incin. & landfill <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____									
Primary Funder of Program <input type="checkbox"/> Sponsor(s) <input type="checkbox"/> Grant(s) <input type="checkbox"/> Self-funded <input type="checkbox"/> Other _____									
Is Law Enforcement involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				Is your program open to the public (anyone)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
Are narcotics collected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know									
How do you classify returned drugs? <input type="checkbox"/> Medical waste <input type="checkbox"/> Hazardous household waste <input type="checkbox"/> Nonhazardous household waste <input type="checkbox"/> Solid waste <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____									
Purpose of Program Check all that apply <input type="checkbox"/> Community service <input type="checkbox"/> Home safety <input type="checkbox"/> Environmental protection <input type="checkbox"/> Crime prevention <input type="checkbox"/> Patient safety <input type="checkbox"/> Public safety <input type="checkbox"/> Other _____									
Comments									
<p>THANK YOU!</p> <p>Please return completed survey to Community Medical Foundation for Patient Safety 6300 West Loop South, Suite 288, Bellaire, TX 77401; Fax: 832-778-7778 or email: mail@comofcom.com</p>									