

## Appendix 3 - Model Agreement for Non-Pharmacy Sharps Transport and Disposal

\_\_\_ (*insert name of pharmacy*) \_\_\_ in cooperation with \_\_\_ (*name all partners, article 28 or permitted haulers*)\_\_\_ agree to participate in a safe sharps collection project that includes collection kiosks or containers located at the following sites:

1. \_\_\_(*insert names and addresses of all sites*)\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

It is agreed that \_\_\_ (*insert pharmacy name*) \_\_\_ and \_\_\_ (*sharps transporting organization*)\_\_\_ agree to the following activities:

\_\_\_ (*insert pharmacy name*) \_\_\_ will locate collection receptacle, "kiosk" or "drop box" on-site at \_\_\_(*insert address*)\_\_\_.

This collection receptacle, "kiosk" or "drop box" will be secured such that only pharmacy employees, transporting agency employees or other appropriately trained persons have access to the used sharps contained within the unit.

\_\_\_(*insert name of transporting organization*)\_\_\_ agrees to open and close the collection receptacle, "kiosk" or "drop box" at agreed up on times for the purpose of removing and transporting collected sharps in a sealed secondary container for purposes of ultimate disposal.

\_\_\_(*insert name*)\_\_\_ is responsible for replacing the internal collection tub as needed;

\_\_\_(*insert name*)\_\_\_ is responsible for cleaning the collection receptacle, "kiosk" or "drop box" at least once a month, in accordance with OSHA standards; more frequently if indicated or if spillage or other incident occurs.

\_\_\_(*insert name*)\_\_\_ agrees to monitor the collection receptacle, "kiosk" or "drop box" periodically and to contact the \_\_\_(*insert name of transporting organization*)\_\_\_ regarding increases in usage and the potential need for more frequent pick-up or cleaning.

The undersigned agrees on the activities stated above:

Signature\_\_\_\_\_

Date\_\_\_\_/\_\_\_\_/\_\_\_\_