

NEW YORK STATE  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION



HOUSEHOLD  
PHARMACEUTICAL COLLECTION EVENT  
GUIDELINES

September 2010

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## Household Pharmaceutical Collection Event Guidelines

The purpose of this guidance is to help municipalities, pharmacies, law enforcement agencies, community groups or pharmacies that would like to hold a household pharmaceutical collection. The steps required to hold an event are outlined below. Other forms, tips and guidelines for a successful event can be found at the end of this document.

### Household Pharmaceutical Collection Plan Checklist

**Prior to holding a collection event**, complete the Household Pharmaceutical Collection Plan forms outlined below and submit to New York State Department of Environmental Conservation (NYSDEC) and New York State Department of Health (DOH), see below for mailing and contact information. Allow 30 days to receive the variance determination from DEC that is needed to hold your household pharmaceutical collection event.

- FORM A identifies the event location, date and time. You can identify single or multiple events for the year.
- FORM B identifies the law enforcement officer you have established an agreement with to attend and maintain custody of the collected household pharmaceuticals from the point of collection through destruction. **A law enforcement officer is always required at these collection events.**
- FORM C is a request for approval from NYSDEC for the household pharmaceutical destruction after your event.\* Complete the event information section of the prewritten variance letter and return to NYSDEC along with Forms A and B. Pharmaceuticals collected at Household Pharmaceutical Collection events in NYS, and destroyed in NYS, must be destroyed at a permitted solid waste combustion facility. For a complete list of waste facilities visit: <http://www.dec.ny.gov/chemical/23683.html>. You can request the variance for a calendar year to cover multiple events.
- Within thirty (30) days the applicant will receive a variance determination from NYSDEC. If approved, send a copy of the variance approval to the municipal waste combustion facility.

\* This form is required if the collected pharmaceuticals will be incinerated in New York State. If the collected pharmaceuticals will be incinerated outside of New York State, a variance is not required; however Forms "A" and "B" must be submitted to NYSDEC.

### Additional Requirements from Other Agencies

The Department of Health (DOH) must also approve your household collection event plan. Instructions and form DOH-4446 can be found at <http://www.nyhealth.gov/professionals/narcotic/forms.htm>.

In addition, you must notify the U.S. Department of Justice, Drug Enforcement Administration of the date of your event. Please feel free to contact DOH BNE or DEC with questions or concerns during the planning process.

<p>New York State Department of Health Bureau of Narcotic Enforcement 433 River Street, Suite 303 Troy, New York 12180-2299</p> <p>Phone: 1-866-811-7957 (Option #4)</p>	<p>New York State Department of Environmental Conservation Division of Materials Management Bureau of Permitting and Planning Attn: M. Treers 625 Broadway, 9th Floor Albany, New York 12233-7253 Phone: (518) 402-8678</p>	<p>U.S. Department of Justice Drug Enforcement Administration New York Division 99 Tenth Avenue New York, New York 10011</p> <p>Phone: (212) 337-1193</p>
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Once all forms are completed and approved, you are ready to hold your Household Pharmaceutical Collection Event.

**FORM A**

**Household Pharmaceutical Collection Day Plan**

**Instructions:** Event Sponsor completes this form, maintains a copy for their records and submits to: NYSDEC Division of Materials Management, Bureau of Permitting and Planning, Attn: M. Treers, 625 Broadway, 9<sup>th</sup> Floor, Albany, NY 12233-7253

**Location(s):** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_ **Event Time:** \_\_\_\_\_

**Event Sponsor:** \_\_\_\_\_

**Event Contact, Email and Number:** \_\_\_\_\_

**Event Secondary Contact Name and Number:** \_\_\_\_\_

**Event Location Coordinator:** \_\_\_\_\_

**For example drugs to be collected can include:**

- Expired or Unwanted Over the Counter drugs, including your pet's drugs
- Prescription drugs, including Controlled Substances
- Pills, powders, liquids and EPI-pens will be accepted

**DEC's variance approval does not include collection of the following items:**

- Sharps
- Medical waste
- Mercury thermometers

**What household pharmaceuticals will be collected at your event? Please identify items that you will and will not collect.**

**Items to be Collected**

**Items Not Accepted**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FORM B

### Household Pharmaceutical Collection Security Plan

**Instructions:** Sponsor arranges for a Law Enforcement Officer to be present at the event (**required**) and must ensure that the Officer completes and signs this form. Sponsor keeps a copy for their record and returns this form to NYSDEC, Division of Materials Management, Attn: M. Treers, 625 Broadway, Albany, NY 12233-7253

**Disposal Facility Name & Location:** \_\_\_\_\_  
(A list of available facilities can be found at <http://www.dec.ny.gov/chemical/23683.html>)

Disposal Facility Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Law Enforcement Agency:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Officer's Name and Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If a second officer or multiple law enforcement is involved in collection:

Officer's Name and Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**The participating law enforcement agency agrees that a uniformed, armed law enforcement officer will:**

1. Be present throughout the entire collection event. Secure all collected pharmaceuticals and ensure a chain of custody for all collected drugs.
2. Take immediate possession of and, if local regulations require, inventory all collected controlled pharmaceuticals.
3. Place into the collection container, seal, number container and sign the Chain of Custody Report (FORM D).
4. After your event, take a copy of the Chain of Custody Report (FORM D) with the collected pharmaceuticals to the Municipal Waste Combustion facility.
5. Obtain the weight of the pharmaceuticals to be destroyed from the destruction facility. Witness the destruction of all drugs by incineration, and obtain a Witnessed Destruction Form from the disposal facility.
6. Ensure an employee of the Municipal Waste Combustion Facility sign the Chain of Custody Report (FORM D).
7. After the event, Law Enforcement Officer sends a completed copy of the Chain of Custody Report (FORM D) to the event sponsor and sends a copy of the Witnessed Destruction Form (disposal facility will furnish) to DEC.

\_\_\_\_\_  
**Law Enforcement Officer Signature**

**Note:**

Law enforcement officer must ensure all collected pharmaceuticals kept overnight or over a weekend will be housed in a secure location (maintaining the chain of custody) pending transport and witness of drug destruction.

The law enforcement officer may be required to wear safety equipment or other personal protective equipment, while at the destruction facility.

An SUV or truck may be needed to transport the volume of drugs collected.

## FORM C

### Household Pharmaceutical Collection Variance Request - *(Use sponsor letterhead)*

**Instructions:** If you are using a Municipal Waste Combustion Facility in New York State, sponsor must fill in blank sections of this form and return to NYSDEC along with all required forms (if needed).

*(Date)*

NYS DEC  
Division of Materials Management  
Attn: M. Treers  
625 Broadway  
Albany, NY 12233-7253

RE: Request for variance to allow collected Household Hazardous Waste Pharmaceuticals to be disposed of at a municipal solid waste combustion facility.

*(Enter Information Below)*

**Municipal Waste Combustion Facility (Name & Location):** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Event Date & Time:** \_\_\_\_\_

**Event Sponsor:** \_\_\_\_\_

Dear Ms. Treers:

This letter is requesting a variance from 6 NYCRR 373-4.2(g) pursuant to 6 NYCRR 371-1.1(e). The intent of the variance is to allow pharmaceutical waste collected from households at the event location referenced above, to be disposed of at the solid waste combustion facility also referenced. The event is sponsored by the above referenced and will be open to all households for the disposal of expired or unwanted pharmaceuticals (prescription/non-prescription, controlled and non-controlled). This event is essentially a household hazardous waste collection, limited to the collection of household pharmaceuticals, some of which may be household hazardous wastes.

Subdivision 373-4.2(g) requires that all waste collected from household hazardous waste collection events be reused; treated and/or disposed of at a facility which is authorized to accept hazardous waste under a permit issued pursuant to Part 373, in interim status under Part 373; or if the facility is located outside of New York, properly permitted or authorized to accept hazardous waste under RCRA; or recycled at an approved recycling facility. This variance is requested to allow the pharmaceuticals collected to be destroyed at a solid waste combustion facility in New York State.

As outlined in the attached plan, a law enforcement officer must be present at all times during the event, as well as to transport the pharmaceuticals and witness the destruction. All Chain of Custody procedures will be followed.

Household pharmaceutical wastes are routinely incinerated at Part 360 permitted facilities when disposed of as individual residents' waste and there will be no significant adverse impact to public health, safety or welfare, the environment or natural resources for the disposal of the collected pharmaceuticals. This program will also educate and promote public awareness of best management practices for unwanted pharmaceutical disposal, to assure that state's water bodies are not impacted.

Enclosed is a copy of our Household Pharmaceutical Collection Plan (FORM A) with the Pharmaceutical Collection Security Plan (FORM B) required for the variance for the event to take place.

Sincerely,

*(Sponsor Name)*

## FORM D

### Household Pharmaceutical Chain of Custody Report

**Instructions:** Sponsor completes top section of this form and provides to Officer to complete. Sponsor must call the Waste Disposal Facility indicating the estimated time of arrival for destruction. After the Household Pharmaceutical Collection Event, the Law Enforcement Officer and Waste to Energy Contact must complete this form and mail to Event Sponsor who retains a completed copy for their records and sends a copy to NYSDEC.

#### Sponsor Information Section:

Pharmaceutical Collection Event Location: \_\_\_\_\_

Sponsor Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address of Contact Person: \_\_\_\_\_

Date(s) and Time(s) of Event: \_\_\_\_\_

Number of Participants at Event: \_\_\_\_\_

#### Law Enforcement Officer Section:

A law enforcement officer agrees to remain on-site to receive pharmaceuticals and maintain a chain of custody at the event location. Custody begins the moment the pharmaceuticals are turned over to the law enforcement officer. The officer will collect and secure all collected pharmaceuticals. The law enforcement officer will maintain possession of the collected pharmaceuticals, transport to the Waste to Energy Disposal Facility, witness destruction, sign and return FORM E to NYSDEC, 625 Broadway, Attn: M. Treers, Albany, NY 12233-7253.

**Law Enforcement Officer** signature below states that the pharmaceutical wastes collected from the Collection Event indicated above have been transported and disposed of at a Waste to Energy Disposal.

\_\_\_\_\_  
*Law Enforcement Signature*

#### Pharmaceuticals Destruction (Incineration) Section (To be completed at disposal facility after event)

Name of Waste to Energy Disposal Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_

This facility has agreed to accept, incinerate the pharmaceuticals collected for this event and provide a signed Witnessed Destruction Form that the facility will provide.

Identify the final weight of the collected pharmaceuticals and number of containers incinerated:

**Weight of Pharmaceuticals:** \_\_\_\_\_

**Number of Containers:** \_\_\_\_\_

**FORM E**

**Household Pharmaceutical Collection Event Report**

**Instructions:** Event Sponsor must complete this form and return within two weeks following the household pharmaceutical collection event.

Sponsoring county or entity: \_\_\_\_\_

Contact person and phone number: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Location(s) of event: \_\_\_\_\_

Law Enforcement Officer: \_\_\_\_\_

Number of vehicles or households participating: \_\_\_\_\_

Waste-to-energy facility used for disposal: \_\_\_\_\_

Approximate total volume (including packaging) of household pharmaceuticals collected:  
\_\_\_\_\_

Weight of household pharmaceuticals collected (including packaging): \_\_\_\_\_

Any other information/comment, please provide:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this completed form to:**

**NYS Dept. of Environmental Conservation  
Division of Materials Management  
Bureau of Permitting and Planning  
Attn: Melissa Treers  
625 Broadway  
Albany, NY 12233-7253  
(518) 402-8678**

**or**

**E-mail to: [mmtreers@gw.dec.state.ny.us](mailto:mmtreers@gw.dec.state.ny.us)**

## Sponsor Helpful Hints Checklist

### **Collection Team**

You may find it helpful to organize a pharmaceutical collection team made up of community figures, local officials, municipal and/or county representatives, pharmacy representatives, the sponsor, and law enforcement.

### **Forms and Notifications**

- FORM A - Pharmaceutical Collection Plan – dates/locations/times
- FORM B - Pharmaceutical Collection Security Plan and Law Enforcement Official Notification
- FORM C - NYSDEC Disposal Variance request for Municipal Waste Combustion Facility, if required
- FORM D - Household Pharmaceutical Chain of Custody
- FORM E - Household Pharmaceutical Collection Event Report

### **Coordination with Municipal Waste Combustion Facility**

The date and approximate arrival time must be confirmed with the destruction facility for the witnessed burn. Prior to the event, provide directions to facility, where to go upon arrival, and the name of the person to meet. Directions and/or a map to the facility will be printed for the law enforcement official. Arrangements for billing will be made, and any necessary contracts executed.

### **Public Notification**

Identify newspapers, radio stations, local TV news; update community, county/municipal web pages; Prepare announcements; flyers for local pharmacies, grocery stores, senior citizen centers, etc.

### **Collection Containers, Materials and Supplies**

Cardboard boxes lined with plastic bags/fiber drums or 5 gallon buckets with lids, e.g., large kitty litter containers  
Tape, Labels and Scissors – (Packing tape or labels to seal and identify each container, use labeling convention such as UNC-1 (uncontrolled substances) and CON-1 (controlled substances).  
Indelible markers to number and sign containers. Use indelible markers or “sharpies” if people want to cross names/personal information off prescription labels. Also bring pens and clipboards.

### **Room Setup Planning**

“Enter” and “Exit” signs and directional signs encourage orderly flow from entrance to exit.  
Table and chair arrangement for the law enforcement official (visible to participants and have a good view event)

### **Parking Set Up**

Parking cones to reserve parking near the building/door/loading dock for the law enforcement officer.

### **Transportation Vehicle**

A hand cart or lab cart for transporting the boxed drugs to the law enforcement officer’s vehicle.  
Vehicle must be large enough to transport collected pharmaceuticals to the municipal waste combustion facility.

### **Choice of Household pharmaceutical collection event location**

Consider the room availability, building, parking area, and universal accessibility;  
Assess prep work such as cleaning, clearing out, rearranging tables and chairs from another location;  
Plan for who will move tables and chairs;  
Identify point person at the facility;  
Determine the procedures to reserve the room, keys, and phone resources in the building.  
You may want to consider a drive in – drive out event, where participants simply drop their pharmaceuticals into a box while remaining in their vehicle.