

Sharps Container Pilot Program (SCPP) Agency Registration Form

Yes, I intend to participate.

Agency information

Business Name _____

Address _____

City _____ State _____ Zip _____

Shipping Address, if different from above _____

Phone () _____ Fax () _____

Populations served _____

Estimated number of Syringe Users reached per month through Agency programs _____

The goal of SCPP is to distribute household sharps containers to syringe users who obtain or purchase their syringes without a prescription in order to give them a safer way of storing and disposing of used syringes.

SCPP Manager

Name _____

Title _____

Phone () _____ Email _____

Sharps containers are available in cases of 32. If possible, please estimate the number of cases your agency may order in the next 4 months of the Sharps Container Pilot Program.

Less than 1 (1-32 containers)

1-3 (32-96 containers)

4-7 (128-224 containers)

8-10 (258-320 containers)

11-15 (352-480 containers)

More than 15 (more than 480 containers)

OFFICE USE ONLY

| | |
|-----------------|-----------------|
| Date Received: | Date Processed: |
| Ship to Number: | |