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|  ARM-ACM-445\_fillable (Rev. 11/21) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource Management • Bureau of Agrichemical ManagementPO Box 8911 • Madison WI 53708-8911Phone: (608) 224-4545 • Email: DATCPcswp@Wisconsin.gov  |
| **Wisconsin Unwanted Prescription Drug Grant** **Collection Summary** |

Grant Recipient: Click here to enter text.

Collection (check all that apply): [ ]  Continuous (drop box) [ ]  Single day collection

 [ ]  Multiple collection events

**(Leave participant information blank when drug drop boxes are used.)**

Number of Participants **(if known):**# participants

Note: If this is a multi-municipal/tribal collection, consolidate all collections on this sheet.

**Collected Drug Weight Table**

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| --- | --- |
| **Item** | **Weight (pounds)** |
| Inhalers and pressurized medicines | Enter weight |
| Mercury-containing medicines | Enter weight |
| Controlled substances | Enter weight |
| Non-controlled substances\*\* | Enter weight |
| **TOTAL** | Enter total weight |

**\*\* If drugs were not separated into controlled and non-controlled, list everything as controlled and mark the appropriate box below.**

1. Were controlled and non-controlled drugs combined into one group (no separation)?
[ ]  Yes [ ]  No

2. Were collected drugs separated from packaging or removed from bottles?

[ ]  Yes [ ]  No [ ]  Sometimes

3. Were drugs disposed through the Department of Justice?

[ ]  Yes [ ]  No [ ]  Most were, some material went to a waste hauler