

# Syringe Services Daily Log Form

## Hepatitis and Harm Reduction Program

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

Agency or Public Health Office (full name – no abbreviations): \_\_\_\_\_

Exchange Location (address or cross-streets): \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ M to \_\_\_\_\_ M

Team members (first and last initial only): \_\_\_\_\_

	Participant Code						First Enrollment (mark X)	Re-Enrollment (mark X)	Number of Syringes Collected	Number of Syringes Distributed	Referrals codes are listed below (MUST BE COMPLETED)	Notes: Remember No PHI
1							<input type="checkbox"/>	<input type="checkbox"/>				
2							<input type="checkbox"/>	<input type="checkbox"/>				
3							<input type="checkbox"/>	<input type="checkbox"/>				
4							<input type="checkbox"/>	<input type="checkbox"/>				
5							<input type="checkbox"/>	<input type="checkbox"/>				
6							<input type="checkbox"/>	<input type="checkbox"/>				
7							<input type="checkbox"/>	<input type="checkbox"/>				
8							<input type="checkbox"/>	<input type="checkbox"/>				
9							<input type="checkbox"/>	<input type="checkbox"/>				
10							<input type="checkbox"/>	<input type="checkbox"/>				
11							<input type="checkbox"/>	<input type="checkbox"/>				
12							<input type="checkbox"/>	<input type="checkbox"/>				
13							<input type="checkbox"/>	<input type="checkbox"/>				
14							<input type="checkbox"/>	<input type="checkbox"/>				
15							<input type="checkbox"/>	<input type="checkbox"/>				

Total # of syringes collected: \_\_\_\_\_ distributed: \_\_\_\_\_

Referral Codes:

0 - No Referrals Given

3 - Healthcare Services

6 - Legal

9 - Other

1 - HIV/HCV/STD Testing

4 - Housing

7 - Job/Employment Services

2 – Substance Use Treatment

5 – Social Services/Behavioral Health

8 – Naloxone (Narcan)

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