



HEALTH PRODUCTS
STEWARDSHIP ASSOCIATION

SERVICE & SUPPLY REQUEST FORM
Ontario Medications Return Program and
Sharps Collection Program

to schedule services, send this form to HPSA by e-mail or fax

Phone: 1-844-535-8889

Fax: 1-855-228-2099

e-mail: info@healthsteward.ca

Pharmacy Information

HPSA ID _____ Request Date _____

Pharmacy Name _____

Address _____

City _____ Postal Code _____

Phone Number _____

E-mail _____

(Print) Name/Title: _____

Signature: _____

New Supply Order

Item	Quantity
Medications Return Container	_____
Sharps Kit (24 sharps containers, 2 liner & 2 cardboard boxes)	_____
Extra sharps over-packaging (cardboard box & liner only)	_____

Pick-up Request

Item	Quantity
Medications Return Container	_____
Sharp Containers in Over-Packaging	_____

For Your Information

A courier vehicle will be dispatched to perform the supply and pickup at your location within 10 business days.

A minimum delivery of four (4) items is required to schedule a service.

Containers and boxes must be full before requesting a pickup (no more than 23kg per container).

Please keep a copy of this form and the associated courier receipt on file at your pharmacy.

Program Criteria Questions

- Can you confirm that only consumer returns of medications and medical sharps have been deposited in the program containers?
Yes No
- Can you confirm that there are no free liquids within the medications return pail? *Please note that all liquid and cream medications must be placed in the pail within a leak-proof container.*
Yes No
- Has the lid on the medications return pail been securely sealed?
 Yes No
- Has the plastic liner within the sharps over-packaging been tied off and the box sealed with tape?
 Yes No

Additional Comments:
