

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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