



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention

Application for Waiver of Household Hazardous Waste Collection Requirements For a Permanent Residential Waste Medication Collection Kiosk at a Pharmacy

A. Purpose of Waiver & Rationale

Residential waste medications collected through the program identified below will be diverted from disposal in wastewater (via flushing) and will be destroyed/disposed at the permitted Massachusetts solid waste facility or a solid waste facility located in another state that holds the appropriate permit from that state's environmental regulatory agency, as identified below. Destruction/ disposal at a permitted solid waste management facility is more environmentally protective than disposal in wastewater. This program will also protect public safety by making waste medications unavailable to people who should not take them.

By submitting this form, your organization is applying for a waiver of the Massachusetts requirement to classify residential waste medications collected at the location described below as "hazardous waste" and the associated requirements for managing "household hazardous wastes" in accordance with 310 CMR 30.1100:

- This waiver applies to a state requirement that is more stringent than the federal hazardous waste requirement for this waste stream. Under 40 CFR 261.4(b)(1), wastes generated by households are exempt from the requirements of Subtitle C of the U.S. Resource Conservation and Recovery Act.
- Data from similar collections indicates that only 10 to 15 percent of the waste medications collected are classified as "hazardous waste." When properly contained, managed and directed to a permitted Massachusetts solid waste facility, this quantity of waste medication is insignificant as a potential hazard to public health, safety, welfare and the environment.
- Waste medications to be collected at this location will be managed in accordance with requirements established by the U.S. Drug Enforcement Administration (DEA) (21 CFR 1307.21).

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



B. Applicant Information

Name of Sponsoring Organization

Contact Person Name

Contact Person Title

Contact Person Telephone Number

Contact Person Email Address

Mailing Address Line 1

Mailing Address Line 2

City/Town

State

ZIP Code

Instructions & Notes:

• Provide contact information for the person responsible for on-site supervision of the collection, packaging & disposal of waste medications.

• No other household hazardous wastes – e.g., waste oil, oil-based paints, paint thinner, mercury products, etc. - are covered by this waiver.

• Medications discarded by businesses may not be accepted under this waiver & must be managed in compliance with the Massachusetts Hazardous Waste Regulation (310 CMR 30.000).

C. Kiosk, Security & Disposal Information

Building or Facility Where Kiosk Will Be Located

Days & Hours of Operation

Address

City/Town

MA
State

ZIP Code

On-Site Supervisor Name

On-Site Supervisor Title

On-Site Supervisor Office Telephone Number

On-Site Supervisor Mobile Telephone Number

On-Site Supervisor Email Address

Waste materials to be collected at this kiosk:

Discarded Medications Only

Waste materials to be collected from:

Private Residences Only



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C. Kiosk, Security & Disposal Information (continued)

Name of Permitted Solid Waste Disposal Facility Where Waste Medications Will Be Delivered for Disposal

Address

City/Town

State

ZIP Code

DEA Registrant in Custody of Waste Medications

Name of DEA Registrant Staff Person Responsible

Telephone Number of Staff Person Responsible

Email Address of Staff Person Responsible

Address Line 1

Address Line 2

City/Town

State

ZIP Code

Description of Containers for Storing Waste Medications

Description of Secure Storage Location

D. Kiosk Requirements

- All collected household hazardous waste pharmaceuticals shall be placed into a kiosk that shall be a heavy metal container, with a top one-way opening drop slot, and a lock.
- The kiosk shall be located inside the retail pharmacy or at the hospital/clinic with an on-site pharmacy that is registered with DEA to collect waste medications from residents pursuant to 21 CFR 1317.40.
- A copy of the DEA collector registration for the pharmacy kiosk shall be included with this application.
- The kiosk shall be mounted to the ground or a wall, and under video surveillance or in an area regularly monitored by pharmacy/hospital/clinic employees while the pharmacy is open to the public.
- Signs shall be posted at the kiosk instructing residents to drop off waste medications only; the sign shall also clearly state that residents may not place prohibited items, such as sharps, thermometers and other non-pharmaceutical wastes, into the kiosk.
- Access to kiosk contents shall be limited to pharmacy/hospital/clinic staff who are subject to and follow the DEA regulations at 21 CFR 1317.60(b) and (c), 1317.75(f)-(g), and who shall have sole access to the key for the kiosk.
- Only residents can drop off waste medications; businesses are prohibited from dropping off waste medications.
- The container in the kiosk shall be emptied immediately after it becomes full.
- Waste medications shall be disposed within 180 days of the date on which they are removed from the kiosk.
- Waste medications shall be disposed of in the presence of staff from an organization registered as a waste medication collector with DEA at the solid waste disposal facility referenced in Section C of your application.
- Waste medications shall otherwise be disposed of in accordance with DEA's policies and procedures for drug destruction.

E. Certification Statement

"I attest under the pains and penalties of perjury that:

1. Residential waste medication collection and subsequent storage and transportation of collected medications to a permitted Massachusetts solid waste facility for destruction/disposal will be conducted in accordance with U.S. Drug Enforcement Administration requirements;

2. Failure to comply with the foregoing conditions and statements will result in immediate revocation of this waiver approval, requiring the municipality to manage any hazardous pharmaceuticals it collects as hazardous wastes under 310 CMR 30.000, and may result in enforcement action pursuant to M.G.L. Chapter 21C and 310 CMR 30.000.

3. I am fully authorized to make this attestation on behalf of this organization. I am aware that there are significant penalties, including but not limited to possible fines, for submitting false, inaccurate, or incomplete information."

Signature

Print Name

Title

Date (MM/DD/YYYY)

To Submit to MassDEP:
Complete, sign and scan this form,
then send it as an email attachment to:
fabien.campbell@state.ma.us