

UTAH SYRINGE EXCHANGE PROGRAM (SEP)

QUARTERLY LOG FORM - PAGE 1 OF 1

Per R386-900, an agency operating a syringe exchange program in Utah is required to submit the following data to the Department.



I. AGENCY INFORMATION

AGENCY NAME:	TELEPHONE:	QUARTERLY DATE RANGE:
SEP NAME (IF DIFFERENT THAN ABOVE):	DAYS/HOURS OF OPERATION:	
PHYSICAL ADDRESS:	CITY:	ZIP:
CONTACT NAME:	TITLE:	
CONTACT TELEPHONE:	CONTACT EMAIL:	

II. SYRINGE EXCHANGE QUARTERLY LOG

APPROXIMATE NUMBER OF INDIVIDUALS or EXCHANGE ENCOUNTERS		
APPROXIMATE NUMBER OF SYRINGES COLLECTED		
TOTAL NUMBER OF SYRINGES DISTRIBUTED		
	TOTAL NUMBER OF INDIVIDUALS REFERRED TO SERVICES	TOTAL NUMBER OF INDIVIDUALS WHO RECEIVED EDUCATIONAL MATERIALS
HIV/HCV TESTING		
SUBSTANCE ABUSE TREATMENT		
OVERDOSE/NALOXONE		
OTHER PLEASE LIST EACH SERVICE/MATERIAL		

Please use the space below to provide any feedback or comments on the syringe exchange program, changes to your syringe exchange program plan, staffing changes, or notes:

NAME OF INDIVIDUAL SUBMITTING REPORT (PRINT):	SIGNATURE:	DATE:
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Quarterly report forms can be submitted via:

Mail: UTAH DEPARTMENT OF HEALTH, ATTN: SYRINGE EXCHANGE PROGRAM
BOX 142104, SALT LAKE CITY, UT 84114-2106
Email: SYRINGEEXCHANGE@UTAH.GOV
Fax: 801-538-9913

OPTIONAL: PLEASE ATTACH ANY ADDITIONAL DOCUMENTS RELATING TO YOUR PROGRAM (i.e. intake forms, log forms)

Utah Department of Health Syringe Exchange Program <http://health.utah.gov/epi/prevention/syringeexchange>