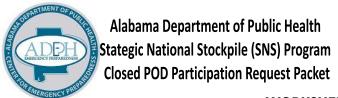


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County	Public Health Area		
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WORKSHEET

I. Organization Information				
Name of Organization				
Address				
Phone Number		Fax		FIN#
In the event of an emergency, d pick up the medication. You will If you need these to be in any la provided below. Translated form	need to copy inguage other	and provide them with the than English, please spe	the medicat cify the lan	ion to your clients.
II. Language				
Please provide information belounder this provider enrollment space to conduct dispensing operated Number of Employees	ow about the progression of the	oopulation that your org te, it is REQUIRED for all conference room, cafete	facilities to	have a large enough
Total Number of Family Memb				
Total Population to be Served				
Older Adults (65+)	Adults (1	8-64 and children over 80lbs)	Children (Under 18 and weigh less than 80lbs)	
IV. Security				
IV. Security Do you have security measures	in place at yo	ur facility such as; securi	ty personne	el,

Medications should be kept away from extreme heat or cold and stored in a secure location (a locked room or locked cabinet where few individuals have access).



Signature

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WORKSHEET	
V. Medication Tracking (REQUIRED)	
Are you capable of tracking medication distributed to employees and family members using the following THREE guidlines?:	
a. Number of employees who picked-up medication	
b. Total number of medications picked-up by head of household	
c. Number and name of antibiotic	
In addition to tracking medication, employees will be REQUIRED to complete an intake assessment form before recieving medication, and be screened for contraindications.	t
VI. Pre-event Education Will your organization provide pro event education to employees for your dispensing	
Will your organization provide pre-event education to employees for your dispensing plans (via online training, drills, handouts, or any other method)?	
What method does your facility plan to use?	
VII. Supplies	
Do you have supplies and equipment already on-site?	
Would additional items need to be stockpiled?	
Name (Print) Title	

Date