



**SYRINGE EXCHANGE LOG FORM**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DISEASE CONTROL AND FORENSIC PATHOLOGY  
 SFN 62356 (4/2025)

This form is optional and not required. Please do not include any personally identifying information on this form.

**Agency Information**

|                  |              |
|------------------|--------------|
| Agency/Site Name | Service Date |
|------------------|--------------|

**Syringe Services Log**

|    | Participant Card Code | Worker | First<br>Enroll<br>(Y/N) | Site<br>Type | Syringe<br>Disposal<br>Method | #<br>Syringes<br>Collected | # of<br>Syringes<br>Distribute | Referral<br>Codes | Service<br>Codes | Supply<br>Codes | # Doses<br>Naloxone | # Test<br>Strips<br>Fentanyl | # Test<br>Strips<br>Xylazine | Narcan<br>Save |
|----|-----------------------|--------|--------------------------|--------------|-------------------------------|----------------------------|--------------------------------|-------------------|------------------|-----------------|---------------------|------------------------------|------------------------------|----------------|
| 1  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 2  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 3  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 4  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 5  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 6  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 7  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 8  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 9  |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |
| 10 |                       |        |                          |              |                               |                            |                                |                   |                  |                 |                     |                              |                              |                |

Site Type: Fixed (F), Mobile (M), Secondary (S), Vending Machine (V)

Methods of Syringe Disposal: SSP, SSP Kiosk (K), Disposed Properly (D), Unproper Disposal (U)

Narcan Save: Have you use SSP provided Narcan/Naloxone to save your life or the life of someone else? If yes: how many lives were saved?

**Event Totals (Include totals from additional pages)**

|  |  |
|--|--|
| Number of Participants – First Enrollment          | Number of Participants - Already Enrolled            |
| Approximate Number of Syringes Collected           | Number of Syringes Distributed                       |
| Number of Individuals Referred to Testing Services | Number of Individuals Receiving Testing Services     |
| Number of Individuals Who Received Education       | Number of Doses of Naloxone Distributed              |
| Number of Condoms Distributed                      | Number of Individuals Referred to Treatment Services |

**Code List**

|   |   |  |
|---|---|--|
| <b>Referrals:</b><br>0 – No Referrals Provided<br>1 – Substance Abuse and Treatment Services<br>2 – HIV/HCV/STD Screening<br>3 – Opiate Antagonist (Naloxone)<br>4 – Healthcare Services<br>5 – Social Services/Behavioral Health<br>6 – Job/Employment Services<br>7 – Legal Services<br>8 – Housing<br>9 – Refused Referrals<br>10 – Peer Support<br>11 – Other | <b>Services:</b><br>12 – No Services Provided<br>13 – HIV Testing<br>14 – HCV Testing<br>15 – Chlamydia/Gonorrhea Testing<br>16 – Syphilis Testing<br>17 – Immunizations<br>18 – Harm Reduction/Safe Injection<br>19 – HIV/HCV/STD Education<br>20 – Other<br>21 – Refused Services | <b>Supplies:</b><br>22 – No Supplies Provided<br>23 – Starter Kit<br>24 – Injection Supplies (water, tourniquet, etc.)<br>25 – Cooking Supplies (cookers, filters, etc.)<br>26 – HIV/HCV/STD Educational Materials<br>27 – Condoms/Safer Sex Kits/Dental Dams<br>28 – Naloxone (Opiate Antagonist)<br>29 – Sharps Containers<br>30 – Fentanyl Test Strips<br>31 – Xylazine Test Strips<br>32 – Other |
|---|---|--|

## Syringe Services Log cont.

|    | Participant Card Code | Worker | First<br>Enroll<br>(Y/N) | Site<br>Type | Syringe<br>Disposal<br>Method | Approx #<br>Syringes<br>Collected | # of<br>Syringes<br>Distribute | Referral<br>Codes | Service<br>Codes | Supply<br>Codes | # Doses<br>Naloxone | # Test<br>Strips<br>Fentanyl | # Test<br>Strips<br>Xylazine | Narcan<br>Save |
|----|-----------------------|--------|--------------------------|--------------|-------------------------------|-----------------------------------|--------------------------------|-------------------|------------------|-----------------|---------------------|------------------------------|------------------------------|----------------|
| 11 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 12 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 13 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 14 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 15 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 16 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 17 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 18 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 19 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 20 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 21 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 22 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 23 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 24 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 25 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 26 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 27 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 28 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 29 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |
| 30 |                       |        |                          |              |                               |                                   |                                |                   |                  |                 |                     |                              |                              |                |

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