

[Your Facility Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Recipient Name/Regulatory Body]
[Department Name]
[Address]
[City, State, Zip Code]

Subject: Statement of Compliance - Pharmaceutical Waste Management

Dear [Recipient Name],

This letter serves as formal notification that [Your Facility Name] is in full compliance with all federal, state, and local regulations regarding the management, storage, and disposal of pharmaceutical waste. Our procedures align with the standards set forth by the Environmental Protection Agency (EPA), the Drug Enforcement Administration (DEA), and relevant state health departments.

To ensure continued compliance, our facility has implemented the following measures:

- **Waste Characterization:** All pharmaceutical waste is correctly identified and categorized as hazardous (RCRA), non-hazardous, or controlled substances.
- **On-site Storage:** Waste is stored in labeled, leak-proof, and puncture-resistant containers in secured areas.
- **Staff Training:** All relevant personnel have completed mandatory training on the handling, segregation, and emergency response protocols for pharmaceutical waste.
- **Disposal Documentation:** Manifests and certificates of destruction are maintained on-site for the required statutory period.
- **Authorized Transport:** We utilize licensed third-party waste management vendors for the legal transport and incineration of all medical and chemical waste.

We remain committed to maintaining environmental safety and public health standards. All documentation related to our waste management plan is available for inspection upon request.

Sincerely,

[Signature]
[Your Printed Name]
[Your Title/Compliance Officer]
[Phone Number]
[Email Address]