



Public Health
Prevent. Promote. Protect.

Bismarck-Burleigh Public Health

Institutional Point of Dispensing (IPOD)

Medication Pickup & Distribution Plan

Facility Information

Name of Facility _____

Address _____ 24-Hour Phone Number _____

Number of Medication Aides Available _____ Number of Vaccinators Available _____

Contact Person Authorized to Request and Pick Up Medication/Vaccine

Name _____ Phone Number _____ 2nd Phone Number _____

Name _____ (Back Up) Phone Number _____ 2nd Phone Number _____

Number of Staff to be Medicated/Vaccinated _____

Number of Residents/Clients to be Medicated/Vaccinated _____

Please Complete the Following

1. Vehicle Available for Staff Use in Medication Pick-Up Yes or No
Please Describe _____

2. Facility Entrance to be Used for Vaccine Delivery _____

3. Facility Able to Provide Security at Delivery Entrance _____

4. Location in Facility of a Lockable, Secure Area for Medication Storage _____

5. Location in Facility of a Refrigerated, Lockable, Secure Area for Vaccine Storage _____

6. Method of Staff Notification Regarding Dispensing Process (e.g. Calling Tree in Place) _____

Form Completed By _____

Facility Representative _____ Date _____

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