

Controlled Substance Destruction Record

For narcotic, controlled, and targeted substances

Prepared by
www.pharmasist.ca
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Pharmacy Information

Pharmacy: _____

Pharmacy Manager: _____

Address: _____

City / Province: _____

Date of Destruction: _____

Method of Destruction: _____

This record may be used to document the destruction of drugs covered by the Controlled Drugs and Substances Act. Keep the completed record with pharmacy records and make it available for inspection when required.

Drug Destruction Log

Drug Name	Strength	Dosage Form	Quantity	Expired	Returned from Patient
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

By signing below, both witnesses certify that the substances listed above were altered, denatured, or destroyed to such an extent that consumption is impossible or improbable.

Witness Confirmation

Name of Witness	Profession / Registration No.	Signature	Date
1.			
2.			