# Controlled Substance **Disposal Log**

RX DESTROYER

| Location | Date | Pharmaceutical Name | Form | Strength | Amount Wasted | Disposal Method | Reason Wasted | Notes | Initials *(2 Witnesses)* |
|---|---|---|---|---|---|---|---|---|---|
| Pharmacy | 1-1-2010 | Hydrocodone | Tablet | 5 mg | 1 tablet | Drain | Patient refused | | |
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**Location Examples:** Nurses station number or pharmacy

**Form Examples:** Tablet, capsule, vial, IV, cream, gel, emulsion, inhalant

**Amount Wasted:** Number of items or liquid volume