

APPENDIX B: SAMPLE UNUSED PHARMACEUTICAL TRACKING SHEET

Location	Date	Pharmaceutical Name	Form	Strength	Amount Wasted	Disposal Method	Reason Wasted	Notes	Two Witnesses (Initials)
<i>Example: Pharmacy</i>	01/01/2010	Hydrocodone	Tablet	5 mg	25 tablets	Reverse distribution	Expired		
<i>Example: Room 512</i>	01/01/2010	Hydrocodone	Tablet	5 mg	1 tablet	Drain	Patient refused		
<i>Example: Med sta 3</i>	01/01/2010	Amoxicillin	Liquid	125 mg/5mL	15 mL	Rx Destroyer	Patient discharged	Opened bottle	

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Location: Nurses station number or pharmacy
 Form: tablet, capsule, vial, IV, cream, gel, emulsion, inhalant, etc.
 Amount wasted: number of items or liquid volume

Rx Destroyer meets DEA-controlled substance disposal method for witness destruction