Certificate of Inventory and Destructi

☐ Controlled Substances
☐ Non-Controlled Substances

Nursing Home

Address

City

State

Nurse Supervisor: List all information for each item as it is stored and secured. List controlled and non-controlled drugs on separate forms. Bear down, you are making four copies.

DATE D/Cd'	RX NUMBER	DRUG NAME AND STRENGTH	PATIENT NAME	QTY.	PHARMACY LEAVE BLANK IF UNITED PHARMACY	REASON DESTROYED	INITIAL	INITIAL

We, whose signatures appear below, certify that these substances have been reconciled, accounted for and destroyed or removed for

destruction at _____ (LOCATION)

on _____ (DATE) at _____ (TIME)

Destroyed by: burning incineration flushing other_____
(CIRCLE ONE)

_____ Signature/title

_____ Signature/title

_____ Signature/title

(note: required for controller)

TS 1970