

Record of Local Destruction of Unserviceable Stock Containing Narcotics, Controlled Drugs or Targeted Substances

Pharmacy Name: _____

Pharmacy Address: _____

Street Address

P.O. Box (if applicable)

City/Town

Province

Postal Code

Drug Name	Strength Per Unit	Quantity

Details on Method of Destruction Used: _____

By signing below, both parties certify that the substances noted above were altered or denatured to such an extent as to render consumption impossible or improbable.

Pharmacist-in-Charge: _____
Name Registration #

Signature Date of Destruction

Witness: _____
Name Profession

Signature Date of Destruction