

# Pharmaceutical Waste Disposal Record

Facility Name

Date of Disposal

Responsible Person

Waste Handler/Transporter

Notes

| Medicine Name | Batch Number | Quantity | Unit | Reason for Disposal | Method of Disposal |
|---------------|--------------|----------|------|---------------------|--------------------|
|               |              |          |      |                     |                    |
|               |              |          |      |                     |                    |