Controlled Substance Disposal Record

Date						
Facility/Location						
Witnessed By						
Authorized By						
Substance Name	Strength	Form	Quantity	Lot Number	Reason for Disposal	Method of Disposal
INATHE				Number	Disposal	Disposal
Additional Com	ments					
Signature (Pers	on Disposing)					
Date						
Signature (Witne	ess)					
Date						