

Department of Health and Human Services
Facility Identification Form
Medication Collection Event
Week of October 29, 2011

Facility Name: _____

Facility Address: _____
Street Town Zip

Facility Contact Person: _____

Facility Phone: _____

Witness name (please print): _____

Witness signature: _____

Number of Boxes/Envelopes (note: mark 1 of 3, 2 or 3, ect) _____

Law enforcement name (please print): _____

Law enforcement signature: _____

Note: This form should accompany 1. A copy of your inventory list for non-controlled medications; and 2. A copy of the list of Schedule II through V drugs from the Bound Book required under rules that have been surrendered to law enforcement for destruction. Please make sure that facility staff, the pharmacist and law enforcement signs or initials all inventory forms. All documents should be placed inside a manila envelope and affixed to outside of box containing collected medications

For DEA use only: Weight of box(es): _____