



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Patient Controlled Substance Destruction Log Form

Date of report _____

*Ref. Board Rule Chapter. 23, Sec. 2: **Schedule II Drugs Owned by Patients.*** Schedule II controlled substances that are the property of the patient and are no longer in use may be disposed of by an appropriate person as identified in rule.

Documentation. The disposal of controlled substances shall be recorded on the board's patient controlled substance destruction form or, in the case of nursing facilities and skilled nursing facilities, in a bound book from which no pages shall be removed. The record shall contain the names of all witnesses to the disposal and shall be kept on the premises where disposal occurred.

Person completing this form: _____ Signature _____ Title _____
(Print Legibly)

Date	Rx#	Dispensing pharmacy	Patient name	Drug – strength – form	Quantity

I have witnessed the destruction of the above drugs and verify that the count on the form is correct. These medications have been destroyed according to current regulations. This destruction log(s) is kept at the health care facility for a minimum of five years or longer according to current laws and shall be made available to the board's agent for inspection upon request.

Witness to destruction, print name: _____ Signature: _____ Date _____

Do not send this log to the Board, it is for your records only and must be presented to an agent of the Board upon request.