

Controlled Substance Inventory Form for Drop Boxes and Collection Devices in BNE Licensed Facilities

Licensed Facility Name		Physical Address and Location of Medication Drop Box or Collection Device		OFFICE USE ONLY Log Number
Print Name of 3A Employee Submitting Form to BNE with DOH-5797		Signature and Title		
BNE License Number		Name of Chemical Digestion Collection Device, If Applicable		
Liner or Collection Device Serial Number	Date/Time Liner Removed from Box or Device Full	Date Filled Liner or Collection Device Left Facility for Destruction Destination		

Note: This form is to be used as a “running inventory” for destruction. Contents of filled drop box liners or other devices are not to be inventoried beyond this running inventory form. **At least one of the staff listed on each line below must be employed by the 3A licensee. Name and license number of staff destroying/witnessing may be a unique identifier if password protected, only accessible by the individual and auditable if pre-approved by BNE.**

#	Name of Controlled Substance	Strength	Quantity or Liquid Amount	Reason for Disposal/ Destruction	Source of Controlled Substance	Rx Number (Class 3A License Holders Only)	Print Name and NYSED License Number of Person Destroying	Print Name and NYSED License Number of Witness RN or Pharmacist	Date
		Dosage Form							Military Time
Example:	Lorazepam	0.5 mg Tablet	40	Discontinued	Smith Pharmacy	1234567	Jane Doe, RN 123456	John Doe, RN 987654	5/10/19 14:20
1.									
2.									
3.									
4.									
5.									
6.									
7.									

