

Request for Approval of Disposal/Destruction of Controlled Substances

SECTION I – REQUEST INFORMATION

- ✓ **Please use Adobe Acrobat to fill-in fields and save a copy on your computer.**
- ✓ Requests should be submitted to the applicable Bureau of Narcotic Enforcement office at least **2 weeks prior** to the proposed date of disposal/destruction.
- ✓ Destruction must take place on a week day between 9 a.m. and 3 p.m. No weekends or holidays.
- ✓ **Email submissions to BNE are preferred to *bnedestruction@health.ny.gov***

| |
|---|
| Office Use Only |
| LOG NUMBER |
| <input type="checkbox"/> Approved <input type="checkbox"/> Partially Approved <input type="checkbox"/> Denied |

| | | |
|--|--|-----|
| Licensee Name | | |
| Street* | *If using a P.O. Box, a street address must be included. | |
| City | State | Zip |
| County | Telephone | |
| Email Address | Fax | |
| Controlled Substance License # | <small>Note: If the facility/program or individual is not subject to Article 33 controlled substance licensure, the applicable DEA registration number should be entered.</small> | |
| Date of Disposal/Destruction ____/____/____ | Start Time _____ AM _____ PM | |
| Method of Disposal/Destruction | | |
| Location of Disposal/Destruction (physical address) including room # or name | | |

| |
|-------------|
| Comment(s) |
| |
| Approved By |
| Name |
| Signature |
| Date |

PERSONNEL CONDUCTING DISPOSAL/DESTRUCTION

| | | |
|------|-------|------------------------|
| Name | Title | Professional License # |
| Name | Title | Professional License # |

REQUESTOR AFFIRMATION

I hereby affirm that the controlled substances listed on the Controlled Substances Inventory Form (DOH-166) will be disposed of/destroyed as proposed in accordance with applicable federal, state and local laws. No controlled substances will be disposed of/destroyed without written permission of the New York State Department of Health's Bureau of Narcotic Enforcement.

Name _____ Title _____

Signature _____ Date _____

SECTION II -- STATEMENT OF DISPOSAL/DESTRUCTION (to be completed following disposal/destruction)

We, the undersigned, affirm that the controlled substances listed on the Controlled Substances Inventory Form (DOH-166) were disposed of/destroyed on _____ / _____ / _____ as approved in accordance with applicable federal, state and local laws.

| | |
|-----------|-----------|
| Name | Name |
| Signature | Signature |

DISPOSAL/DESTRUCTION MUST BE COMPLETED EXACTLY AS PROPOSED.

NO SUBSTITUTIONS OF DATE, TIME, LOCATION OR PERSONNEL WILL BE PERMITTED WITHOUT PRIOR APPROVAL BY THE BUREAU OF NARCOTIC ENFORCEMENT.

DISPOSAL/DESTRUCTION ACTIVITIES MAY BE OBSERVED BY THE BUREAU OF NARCOTIC ENFORCEMENT. ALL CONTROLLED SUBSTANCES BEING DISPOSED OF OR DESTROYED ARE SUBJECT TO PHYSICAL INVENTORY.