



College of Pharmacists of Manitoba

Destruction of Drugs Covered by the Controlled Drugs and Substances Act

Pharmacy: _____ Pharmacy manager: _____

Address: _____ City: _____ Province: _____

Names of two healthcare professional witnessing the destruction:

1) _____

2) _____

Date of destruction: _____

This form can be used to track the destruction of narcotic, controlled and targeted drugs.

Drug name	Strength	Dosage form	Quantity	Expired or returned from patient (please check one)	
				Expired	Returned
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

These records must be kept for a minimum of 5 years after the last date of destruction. These records are not required to be submitted to the College of Pharmacists of Manitoba or Health Canada, but must be available for inspection on demand and may be requested at any time by the College.



College of Pharmacists of Manitoba

Return of Narcotics and Controlled Substances to a Licensed Dealer for Destruction

Pharmacy: _____ Pharmacy manager: _____

Address: _____ City: _____ Province: _____

Names pharmacist requesting destruction: _____

Name and address of licensed dealer: _____

Date of return to licensed dealer: _____

This form can be used to track the return of narcotic, controlled and targeted drugs to a licensed dealer for destruction.

Drug name	Strength	Dosage form	Quantity	Expired or returned from patient (please check one)	
				Expired	Returned
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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