



Destruction of Drugs Covered by the *Controlled Drugs and Substances Act*

Pharmacy: _____ Pharmacy manager: _____

Address: _____ City: _____ Province: _____

Date of destruction: _____ Method of destruction: _____

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

This record must be kept for a minimum of 5 years after the last date of destruction. This record is not required to be submitted to the College of Pharmacists of Manitoba or Health Canada but must be available for inspection on demand.

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"/>

By signing below, both parties certify that the substances noted above were altered or denatured to such an extent as to render consumption impossible or improbable.

Name of witness	Profession	Signature
1.		
2.		



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.

This record and the signed confirmation from the licensed dealer 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.

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"/>