UNUSED PHARMACEUTICAL WASTE TRACKING – REFERENCE ONLY

Facility/ Location: _____ Supervisor:_____

Note: (2) staff members must sign off on each item listed signifying all meds have been checked dispensed and documented per administrative procedures.

Date dd/mo/yr	Waste Code	Pharmaceutical Name	Form	Strength	Pkg QTY	# Full Pkgs	Partial Pkg Count	Total Destroyed	Notes	Witnesses (Initials)

RX DESTROYER™ PHARMACEUTICAL DISPOSAL

Notice: Form has been provided as a convenience and may be modified for your facilities specific processes and regulatory needs.

RxDestroyer™ Exclusively Manufactured by: C2R Global Manufacturing, 701 Blackhawk Dr. Suite A, Burlington, WI 53105 Toll Free: (888) 608-5160 P: 262-363-7004
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