



## MEDICATION DESTRUCTION LOG

Individual	RX #	Drug/strength	Controlled	Qty	Reason for Disposal	RN Signature	Witness Signature	Method of disposal	Date
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						
			Yes or No						

***All controlled meds MUST be counted.  
Only if applicable should all other meds be counted.***