**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-62645C (05/2020)

**DRUG REPOSITORY PROGRAM – DESTRUCTION RECORD**

* Completion of this form meets the requirements of Wisconsin Administrative Code § DHS 148.11(2) for destruction of drugs and medical supplies.
* Questions about completion of this form may be directed to **608-266-5388.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PHARMACY OR MEDICAL FACILITY INFORMATION** | | | | | | | | |
| Name – Pharmacy or Medical Facility | | | | | | Date Destroyed *(MM/dd/yyyy)* | | |
| Street Address | | | | City | | State | Zip Code | |
| Name – Person Destroying Drugs or Medical Supplies | | | | | | | | |
| **DRUG / MEDICAL SUPPLY INFORMATION** | | | | | | | | |
| **Name of Drug or Medical Supply** | | **Strength** | **NDC No.** | | **Lot No.** | **Expiration Date** | | **Quantity Destroyed** |
| 1. |  |  |  | |  |  | |  |
| 2. |  |  |  | |  |  | |  |
| 3. |  |  |  | |  |  | |  |
| 4. |  |  |  | |  |  | |  |
| 5. |  |  |  | |  |  | |  |
| 6. |  |  |  | |  |  | |  |
| 7. |  |  |  | |  |  | |  |
| 8. |  |  |  | |  |  | |  |
| 9. |  |  |  | |  |  | |  |
| 10. |  |  |  | |  |  | |  |
|  | | | | | | | | |
| **SIGNATURE** –Person Destroying Drugs or Medical Supplies | | | | | | Date Signed *(MM/dd/yyyy)* | | |