

Please complete sections A and B and return to: ork.DoP@nhs.scot

SECTION A - Details of Premises							
Name of Premises				Name of Sender			
Address				Contractor ID			
				Tel No			
Type of CD Register	CDRe / CDRx / Clara / Paper / Pharmsmart / Proscript / Other (please specify) If electronic CD register, please ensure stock has been moved to the expired or quarantined section						
If closed during lunch, please advise time of closure -							
Please confirm you have sufficient denaturing kits in stock – YES/NO (kits must state tablets DO NOT require to be crushed)							
Please confirm all running balances are accurate with no unresolved discrepancies – YES/NO							
Please note a member of staff, delegated by the responsible pharmacist, must be available to support the destruction and complete the physical process of destruction.							
SECTION B - Details of CDs for destruction				FOR AUTHORISED WITNESS USE ONLY			
NAME OF DRUG (Schedule 2 CDs only)	FORM (if amps specify size)	STRENGTH	QTY	QTY DESTROYED	REGISTER BALANCE	PHYSICAL BALANCE (if applicable)	REF *
Please add any additional comments overleaf and provide number reference							
SECTION C – Complete at time of destruction				Destruction Date:			
Destroyed by:	PRINT			SIGN			
Authorised Witness:	PRINT			SIGN			

CDAW notes and comments

Name of Premises		Contractor ID	
Ref	Notes		
Ref	Notes		
Ref	Notes		
Ref	Notes		
Ref	Notes		
Ref	Notes		
Ref	Notes		
Ref	Notes		