

PROGRAM FOR UTILIZATION OF UNUSED PRESCRIPTION DRUGS

DESTRUCTION AND DISPOSAL FORM

Completion of this form meets the notification requirements under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17775) for donated drugs that are destroyed and disposed of as a result of being expired, adulterated, recalled, or otherwise not eligible for dispensing under the Program for Utilization of Unused Prescription Drugs. This form shall be completed and retained for at least 5 years.

PARTICIPATING PHARMACY OR CHARITABLE CLINIC			
Name of Participating Pharmacy or Charitable Clinic		Michigan License or Registration #	Telephone Number with Area Code
Street Address		City	State Zip Code
Name of Drug to be Destroyed (brand name or generic)		National Drug Code Number (NDC#) or Manufacturer Name	
Drug Strength	Quantity of Drug		Drug Expiration Date
Reason for Destruction of the Drug			Date of Disposal

ON-SITE DISPOSAL	
The method of on-site destruction of donated drugs must be sufficient to render the prescription drugs non-retrievable to prevent diversion and to protect the public health and safety, and shall occur immediately after the contents are removed from the collection device. Only authorized personnel designated by the participating pharmacy or charitable clinic may have access to the collection device to remove the contents for on-site destruction of drugs.	
Name of Responsible Pharmacist Authorized to Destroy Drug	Michigan License #
SIGNATURE of Responsible Pharmacist	Date Signed
Name of Witness	Title
SIGNATURE of Witness	Date Signed

OFF-SITE DISPOSAL	
The participating pharmacy or charitable clinic may contract with a reverse distributor to facilitate the destruction and disposal of drugs collected under the program. Only authorized personnel designated by the participating pharmacy or charitable clinic may have access to the collection device to remove contents for off-site destruction and disposal services. A copy of this form must be included with sealed contents, and drugs must be transported through a common carrier that allows shipment to be tracked and delivery confirmed.	
Name of Firm Destroying or Disposing of Drug	
Name of Person at Firm Destroying or Disposing of Drug	Date of Disposal
SIGNATURE of Person at Firm Destroying or Disposing of Drug	Date Signed