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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  | **Accountable Officers' Network Scotland (NHSGGC version, updated May 2020)** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Witness of Controlled Drug Destruction Form** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Section A:** | **Contractor Ref:** |   |

|  |
| --- |
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|  |  |  |  |  |  |  |  |  |  |
|  | **Premises Name:** |   |   |   |   |  |
|  |   |  |
|  | **Address:** |   |  |  |   |  |
|  |   |  |  |   |  |
|  |  |  |   |  |
|  | **Date of Visit:** |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Section B: Please confirm that the premises has the following:** | **Tick to confirm** |  |
|  | Sufficient destruction kits for the volume of CDs to be destroyed (or these will be ordered and available in advance of the visit) |   |  |
|  | All items are recorded in an appropriate CD register |   |  |
|  | Running balances are accurate |   |  |
|  | There are no unresolved discrepancies. |   |  |
|  | **Section C:** | **Print Name** | **Signature** | **Date of Destruction** |  |
|  | **Responsible Person:**  |   |   |   |  |
|  | (eg GP, Site Manager, Pharmacist, Nurse, Health Centre Staff) |  |
|  | **Authorised Witness:** |   |   |  |   |  |
|  | **Section D: Please complete table below with details of all stock of Schedule 2 controlled drugs which require destruction** |  |
|  | **Name of Drug** | **Form** | **Strength** | **Qty** | **Qty Destroyed** | **Register Balance** | **Physical Balance** |  |
| 1 |   |   |   |   |   |   |   |  |
| 2 |   |   |   |   |   |   |   |  |
| 3 |   |   |   |   |   |   |   |  |
| 4 |   |   |   |   |   |   |   |  |
| 5 |   |   |   |   |   |   |   |  |
| 6 |   |   |   |   |   |   |   |  |
| 7 |   |   |   |   |   |   |   |  |
| 8 |   |   |   |   |   |   |   |  |
| 9 |   |   |   |   |   |   |   |  |
| 10 |   |   |   |   |   |   |   |  |
| 11 |   |   |   |   |   |   |   |  |
| 12 |   |   |   |   |   |   |   |  |
| 13 |   |   |   |   |   |   |   |  |
| 14 |   |   |   |   |   |   |   |  |
| 15 |   |   |   |   |   |   |   |  |
| 16 |   |   |   |   |   |   |   |  |
| 17 |   |   |   |   |   |   |   |  |
| 18 |   |   |   |   |   |   |   |  |
| 19 |   |   |   |   |   |   |   |  |
| 20 |   |   |   |   |   |   |   |  |
|  |  |  |   |   |   |   |   |   |  |
|  | **Comments** |  |
|  |  |  |  |  |  |  |  |  |  |
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