

Notification of Disposal/Destruction of Controlled Substances – Medication Drop Box

- Please use Adobe Acrobat to fill in fields and save a copy on your computer.
- Print or type all information other than signatures.
- Notifications must be sent to the Bureau of Narcotic Enforcement Central Office within 2 business days of drop box liner arrival at the disposal destination.
- DOH-5733 and shipping delivery receipt of filled liner must accompany this form by emailing to bndestruction@health.ny.gov

OFFICE USE ONLY

Log Number

- Approved
 Partially Approved
 Denied

Comment(s)

SECTION I: 3A LICENSEE INFORMATION

3A Facility Name (As Appears On License)

Street (Physical Address From 3A License. No P.O. Boxes.)

City State Zip

County Telephone

License Number Email Address

03A-

Date Liner Removed from Drop Box Time Liner Removed
/ / a.m./ p.m

Room Number/Location of Drop Box Room Number/Location Where Filled Liner Stored While Awaiting Shipping

Name of Collector/Pharmacy Maintaining Drop Box Collector DEA Number

Name of Shipping Company Taking Possession of Liner Shipping Tracking Number

Date Liner Shipped From Facility Liner or Collection Device Serial Number

Approved By

Name

Signature

Date

Weight of Liner at Destination (If Known)

PERSONNEL REMOVING FILLED LINER FROM DROP BOX

Collector/Pharmacy Employee Name Title Professional License Type and Number

3A Facility Supervisor Name Title Professional License Type and Number

SECTION II: STATEMENT OF DISPOSAL/DESTRUCTION

I affirm that the drop box liner, with the serial number listed on this form, was removed by myself and the other person signing this affirmation, in accordance with all federal, state, laws and in accordance with this facility's policies and procedures. I also affirm that all statements herein are true, to the best of my knowledge.

3A Facility Supervisor Name Collector Employee Name

Signature Date Signature Date

3A FACILITY ADMINISTRATOR AFFIRMATION

I hereby affirm that the controlled substances listed on the Controlled Substances Inventory Form (DOH-5733) will be disposed of/destroyed as proposed in accordance with applicable federal, state, and local laws. All information on the DOH-5733 has been verified to be true and accurate. I also affirm that all statements herein are true, to the best of my knowledge. Shipping receipt verifying delivery is included with this form.

Name Title

Signature Date