

SECTION I -- REQUEST INFORMATION			Office Use Only
✓ Please <b>print</b> or <b>type</b> all required information. ✓ Requests should be submitted to the applicable Bureau of Narcotic Enforcement office at least <b>3 weeks prior</b> to the proposed date of disposal/destruction. ✓ Destruction must take place on a week day between 9 a.m. and 3 p.m. No weekends or holidays.			LOG NUMBER _____  <input type="checkbox"/> Approved <input type="checkbox"/> Partially Approved <input type="checkbox"/> Denied
Requestor Name (facility/program or individual)			Comment(s)  _____ _____ _____ _____ _____
Street*	*If using a P.O. Box, a street address <b>must</b> be included.		
City	State	Zip	
County	Telephone		
Controlled Substance License #	<b>Note:</b> If the facility/program or individual is not subject to Article 33 controlled substance licensure, the applicable DEA registration number should be entered.		
Date of Disposal/Destruction	Time		
_____ / _____ / _____	AM	PM	
Method of Disposal/Destruction			Name
Location of Disposal/Destruction (physical address)			Signature
			Date

PERSONNEL CONDUCTING DISPOSAL/DESTRUCTION		
Name	Title	Professional License #
Name	Title	Professional License #

REQUESTOR AFFIRMATION
<p><b>I hereby affirm that the controlled substances listed on the Controlled Substances Inventory Form (DOH-166) will be disposed of/destroyed as proposed in accordance with applicable federal, state and local laws. No controlled substances will be disposed of/destroyed without written permission of the New York State Department of Health's Bureau of Narcotic Enforcement.</b></p>
Name _____ Title _____ Signature _____ Date _____

SECTION II -- STATEMENT OF DISPOSAL/DESTRUCTION (to be completed following disposal/destruction)	
<p><b>We, the undersigned, affirm that the controlled substances listed on the Controlled Substances Inventory Form (DOH-166) were disposed of/destroyed on _____ / _____ / _____ as approved in accordance with applicable federal, state and local laws.</b></p>	
Name	Name
Signature	Signature

**DISPOSAL/DESTRUCTION MUST BE COMPLETED EXACTLY AS PROPOSED.**

**NO SUBSTITUTIONS OF DATE, TIME, LOCATION OR PERSONNEL WILL BE PERMITTED WITHOUT PRIOR APPROVAL BY THE BUREAU OF NARCOTIC ENFORCEMENT.**

**\*\*DISPOSAL/DESTRUCTION ACTIVITIES MAY BE OBSERVED BY THE BUREAU OF NARCOTIC ENFORCEMENT. ALL CONTROLLED SUBSTANCES BEING DISPOSED OF OR DESTROYED ARE SUBJECT TO PHYSICAL INVENTORY.\*\***