

Controlled Substance Inventory for Drop Boxes in BNE Licensed Facilities

Date Form Submitted to BNE		Licensed Facility Name		Physical Address and Location of Medication Drop Box		Office Use Only			
Print Name of Person Submitting this Form to BNE with DOH-2340			Signature and Title					Log Number	
BNE License #		Name of Collection Device Manufacturer		Liner or Collection Device Serial #				Date Approved	
Date and Time Liner Removed or Device Full		Date Filled Liner or Collection Device Left Facility for Destruction – Shipping Receipt Must be Submitted		Company Receiving Liner or Collection Device for Destruction				Approved by	
<p>Note: This form is to be used as a “running inventory” for destruction. Contents of filled drop box liners are not to be inventoried beyond this running inventory form.</p>									

Name of Controlled Substance	Strength/ Dosage Form	Quantity or Liquid Amount	Reason for Disposal/ Destruction	Source of Controlled Substance	Rx Number (Class 3A license holders only)	Signature of Licensed Person Destroying	Signature of Witness	Date
								Time
Example: Lorazepam	0.5 mg Tablet	40 Tablets	Discontinued	Smith Pharmacy	1234567	<i>Jane Doe, RN</i>	<i>John Doe, RN, DON</i>	5/10/19 14:20
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								