

San Bernardino County
Department of Behavioral Health

PHARMACEUTICAL WASTE LOG

CA Health and Safety Code, Sections 117600-118360
MHP Contract, Exhibit A, Attachment 1, Section 4.L.10

Indicate if Meds are Injectable Sample = S, Rx = PAP, and/or Other = Expired/Abandoned/Deteriorated	Wasted Date	Medication Name (indicate if unknown)	Medication Rx or Lot Number	Quantity being destroyed	DBH Client Name	Printed Name of DBH Medical Staff Logging Medication	Printed Name DBH Staff Witness
		Strength (indicate if unknown)			Medical Record Number	Signed Name DBH Medical Staff	Signed Name DBH Staff Witness

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Department of Behavioral Health**

PHARMACEUTICAL WASTE LOG INSTRUCTIONS

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The Department of Behavioral Health (DBH) is committed to providing necessary medication to the clients we serve. It is imperative DBH dispose of all DBH medications that are expired/abandoned/deteriorated and maintain an accurate record of all medications deposited in the pharmaceutical waste container. Medication type, name, strength, lot number and exact quantity of medication being destroyed must be recorded in the Pharmaceutical Waste Log prior to placing medication in the waste container. An authorized DBH medical staff must be present and one (1) witness must sign. Below is an example of how the log is to be completed. This log must be retained for three (3) years.

Indicate if Meds are Inj. Sample= S Rx= PAP and/or Other = Expired/Abandoned/Deteriorated	Wasted Date	Medication Name (indicate if unknown)	Medication RX or Lot Number	Quantity being Destroyed	DBH Client name	Printed Name of DBH Medical Staff Logging Medication	Printed Name DBH Staff Witness
		Strength (indicate if unknown)			Medical Record Number	Signed Name of DBH Medical Staff	Signed Name DBH Staff Witness
PAP	6/4/14	Abilify	F123456	120 tablets	Donald Duck	Susanne Que	Jane Doe
		20 mg			1236547	<i>Susanne Que</i>	<i>Jane Doe</i>
1	2	3	4	5	6	7	8

Step	Action
1	Indicate what type, name and strength of medication is being disposed (if name and/or strength is unknown, indicate): Inj. Sample = S, Rx = PAP
2	Enter the date medication is deposited in the pharmaceutical waste container
3	Enter medication name on the top line and the strength on the bottom line
4	Enter the Rx number if applicable or the Lot number
5	Enter the quantity of medication being deposited in the pharmaceutical waste container (i.e. box of 6 vials each, bottle of 120 tablets etc.)
6	Enter the client name on the top line and the medical record number on the bottom.
7	The authorized medical staff shall print his/her name on the top and sign his/her name on the bottom as being the person who logged the medication for disposal
8	Witness shall print name on top line and sign name on bottom line

**NOTE: Once medication is recorded on this form, please place it inside of the designated pharmaceutical waste container.
DISCREPANCIES OR MISSING MEDICATION SHALL BE IMMEDIATELY REPORTED TO THE DBH CLINIC MEDICAL DIRECTOR OR
DESIGNEE AND CLINIC SUPERVISOR FOR REQUIRED ACTION**