

## PHARMACY SERVICES STAFF SIGN OFF SHEET TO BE AUTHORISED FOR CDS/UNKNOWN SUBSTANCES DESTRUCTION BY ACCOUNTABLE OFFICER

<ul> <li>PHARMACY STAFF SIGN OFF SHEET</li> <li>Signature below represents</li> <li>a sample signature &amp; initial</li> <li>Declaration that named Pharmacy Services staff have read &amp; understood the terms of the SOP</li> </ul>			ACCOUNTABLE OFFICER SIGN OFF RDaSH ACCOUNTABLE OFFICER Stephen Davies – Chief Pharmacist	
NAME/TITLE	SIGNATURE	INITIALS	SIGNATURE	DATE