

DESTRUCTION AND RECONCILIATION OF CDS/UNKNOWN SUBSTANCES RECORD SHEET

(In addition to entry in CD register book)

Ward/Team:

CD cupboards/CD registers checked:

Date:

Number of items checked:

Page number:

Stock balance and register match:

Any discrepancies found: YES/NO

Drug Name	Form	Strength	Quantity	Authorised person Signature /print	Witness name signature/print	Drugs to be signed out of the CD register (tick appropriately)
Schedule 3b and 4 CDs	(Tick appropriately) Tablets: Capsules: Oral solution: Injections: Enemas: Others:		(Please state total number per form destroyed)			

Additional comments/discrepancies found:

Page number:

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