[Company name]

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Expired medication disposal log

Record every expired or damaged medicine removed from stock - a complete audit trail from shelf to destruction.

Disposal details

Pharmacy: _____

Disposal date: _____

Reason: _____

Disposal method: _____

Waste contractor: _____

Consignment note no.: _____

Items disposed

Product name	Strength / form	Batch no.	Expiry date	Quantity	Value
[Product name]	[e.g. 500mg tablets]	[Batch]	[MM/YYYY]	[Qty]	[¤ value]
[Product name]	[e.g. 100ml syrup]	[Batch]	[MM/YYYY]	[Qty]	[¤ value]
[Product name]	[e.g. 10mg capsules]	[Batch]	[MM/YYYY]	[Qty]	[¤ value]

Total value of stock written off: [¤ amount]

Witness Destruction of controlled medicines must be witnessed in line with local regulations.

Sign-off

Disposed by: _____ **Witnessed by:** _____ **Date:** _____