

<b>Portland Public Schools: Year End Medicine Disposal Chain of Custody Form</b>		
Number of pages:		
Prepared by:	Date:	Site:

### Medicine Waste Disposal Form

#### Disposal Inventory Listing

Disposal Form No. \_\_\_\_\_

Item	Name/Product Description	# Cont.	Reason for Disposal	Disposal Method	Estimated Quantity			Remarks
1								
2								
3								
4								
5								
6								
7								

Person at School: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposing Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Disposal: \_\_\_\_\_

Destruction Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Trilogy Manifest#					
Shipment Date:					