

Request for Approval of Disposal/Destruction of Controlled Substances

SECTION I – REQUEST INFORMATION

- ✓ **Please use Adobe Acrobat to fill-in fields and save a copy on your computer.**
- ✓ Requests should be submitted to the applicable Bureau of Narcotic Enforcement office at least **2 weeks prior** to the proposed date of disposal/destruction.
- ✓ Destruction must take place on a week day between 9 a.m. and 3 p.m. No weekends or holidays.
- ✓ **Email submissions to BNE are preferred to *bnedestruction@health.ny.gov***

Office Use Only
LOG NUMBER
<input type="checkbox"/> Approved <input type="checkbox"/> Partially Approved <input type="checkbox"/> Denied

Licensee Name			Comment(s)
Street*		<i>*If using a P.O. Box, a street address must be included.</i>	
City	State	Zip	
County	Telephone		
Email Address		Fax	
Controlled Substance License #	Note: If the facility/program or individual is not subject to Article 33 controlled substance licensure, the applicable DEA registration number should be entered.		
Date of Disposal/Destruction ____/____/____	Start Time _____ AM _____ PM		
Method of Disposal/Destruction			Approved By
Location of Disposal/Destruction (physical address) including room # or name			Name
			Signature
			Date

PERSONNEL CONDUCTING DISPOSAL/DESTRUCTION

Name	Title	Professional License #
Name	Title	Professional License #

REQUESTOR AFFIRMATION

I hereby affirm that the controlled substances listed on the Controlled Substances Inventory Form (DOH-166) will be disposed of/destroyed as proposed in accordance with applicable federal, state and local laws. No controlled substances will be disposed of/destroyed without written permission of the New York State Department of Health's Bureau of Narcotic Enforcement.

Name _____ Title _____
Signature _____ Date _____

SECTION II -- STATEMENT OF DISPOSAL/DESTRUCTION (to be completed following disposal/destruction)

We, the undersigned, affirm that the controlled substances listed on the Controlled Substances Inventory Form (DOH-166) were disposed of/destroyed on ____/____/____ as approved in accordance with applicable federal, state and local laws.

Name	Name
Signature	Signature

DISPOSAL/DESTRUCTION MUST BE COMPLETED EXACTLY AS PROPOSED.
NO SUBSTITUTIONS OF DATE, TIME, LOCATION OR PERSONNEL WILL BE PERMITTED WITHOUT PRIOR APPROVAL BY THE BUREAU OF NARCOTIC ENFORCEMENT.
DISPOSAL/DESTRUCTION ACTIVITIES MAY BE OBSERVED BY THE BUREAU OF NARCOTIC ENFORCEMENT.
ALL CONTROLLED SUBSTANCES BEING DISPOSED OF OR DESTROYED ARE SUBJECT TO PHYSICAL INVENTORY.