DHS
Oregon Department of Human Services
Seniors and People with Disabilities
State Operated Community Program

Drug Disposal Sheet

Disposal signatures

House name:

Date (mm/dd/yyyy)	Client's name	Drug description: Why taken:	Dose	Amount	Reason for disposal: Recalled	Outdated	Unused	Other	Method of disposal: Return to pharmacy or Central Office med waste pickup for incineration.	House required signatures: 1- SM, BVS1, BVS2 or PM 2- Outreach nurse	Central Office required signatures: 1- Nurse Manager 2 - Witness
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* **NOTE:** Pharmacy disposal requires signature of a staff or manager at the house.

SEE BACK for process details.

Original Drug Disposal sheet remains at the house for 2 years and a copy goes with the outreach nurse.

OSHA Requirements / OAR 411-325-120 Medication Administration, Medications Storage and Disposal of Medications