Green Mountain Support Services

Controlled Substance Disposal Record

****Two people must dispose of controlled substances****

Please Return to Service Coordinator upon completion

Initials of client: _____ Service Coordinator: _____

Date of disposal:

_____

Name of controlled substance disposed:

_____

Number of pills or amount of liquid disposed:

_____

How the controlled substance was disposed:

_____

Name of witness 1:

_____

Name of witness 2:

_____

Additional Comments:

_____ _____

Signature of Witness 1 Date **Signature of Witness 2 Date**