**[Company name]**

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

# Expired medication disposal log

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

## Disposal details

| | |
|---|---|
| **Pharmacy** | [Pharmacy name] |
| **Disposal date** | [Date] |
| **Reason** | [Expired / damaged / recalled] |
| **Disposal method** | [e.g. returned to supplier / licensed waste contractor] |
| **Waste contractor** | [Contractor name, if used] |
| **Consignment note no.** | [Number, if used] |

## 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 |
|---|---|---|

## [Company name]

| | | |
|---|---|---|
| | | |