

Request for Approval of On-Site Destruction of Controlled Substances

Print or type the required information in Section I in accordance with the instructions. All requests for approval shall be submitted to the appropriate area office of the Bureau of Narcotic Enforcement (BNE) at least 21 working days prior to the proposed on-site destruction date.

SECTION I--REQUEST SECTION

APPLICANT (Facility or Business)	(d.b.a.)	PHONE NO. ()	FAX NO. ()
ADDRESS (No. & Street)	CITY/TOWN	STATE	ZIP
NAME OF SUPERVISOR	BUREAU LICENSE NO.	DEA NO.	DATE OF DESTRUCTION ____/____/____
			TIME ____:____ AM PM

Destruction must be accomplished on weekdays between 9:00 a.m. – 3:00 p.m. No weekends or holidays.

DESTRUCTION LOCATION (Building name or location)
METHOD OF DESTRUCTION

PERSONNEL CONDUCTING DESTRUCTION / INVENTORY

NAME	TITLE	LICENSE NO.
NAME	TITLE	LICENSE NO.

It is understood and hereby affirmed that no controlled substances will be destroyed without written permission of the New York State Department of Health, Bureau of Narcotic Enforcement.

Completed by _____ Title _____ License No _____

Signature _____ Date ____/____/____ Telephone No. () _____

SECTION II--AUTHORIZATION SECTION (to be completed by BNE staff)

<input type="checkbox"/> This request for destruction is approved in its entirety. IMPORTANT: DESTRUCTION MUST BE COMPLETED EXACTLY AS PROPOSED. NO SUBSTITUTIONS OF PLACE, TIME, OR PERSONNEL WILL BE PERMITTED. Your BNE Log Approval Number is: _____	<input type="checkbox"/> This request has been partially approved. You must surrender the specific items referenced on the DOH-166 dated ____/____/____ within 5 days. <u>You are required to surrender the controlled substances. BNE will provide you with the reason for the denial and will include instructions on how to surrender the controlled substances.</u> Your BNE Log Approval Number is: _____
<input type="checkbox"/> This request has been denied. You must surrender all items referenced on DOH-166 dated ____/____/____ within 5 days. <u>You are required to surrender the controlled substances. BNE will provide you with the reason for the denial and will include instructions on how to surrender the controlled substances.</u>	

Name _____ Title _____

Signature _____ Date ____/____/____

SECTION III STATEMENT OF ON-SITE DESTRUCTION

If approval is obtained either in its entirety or partially, Section III must be completed. Keep a copy for your records.

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

Drug destruction was performed and witnessed by: _____ The assigned BNE Log Number is _____

Name _____ Title _____ Name _____ Title _____

Signature _____ Date ____/____/____ Signature _____ Date ____/____/____

Professional License # _____ Professional license # _____

After destruction has occurred, complete Section III and return original to the appropriate BNE regional office.