City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Medication Destruction Log

Date	Name of Drug and Strength	Qty.	Rx # *Required for client medication*	Client Name *Required for client medication*	Authorized Staff (Name and Signature)	2nd Authorized Staff (Name and Signature) *Required for Controlled Substances*

Medication Destruction Log must be retained for **3 years**.

Attachment 4