

DEPARTMENT OF ENVIRONMENTAL HEALTH AND SAFETY

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Certificate of Destruction of Controlled Substances

Generator(s) l______Health Canada file #_____

2		
3		
Inventory of controlled substance(s)		
Name of Controlled Substance		Volume (kg/L)
1		
1 2 3 4 5 6		
3		
4		
5		
6		
7		
This certificate is to confirm that the product(s) listed this date, safely and without incident. Signature of Principal Investigator	above have been completely Date	destroyed on
Signature of Witness (Pharmacist or colleague)	Date	
Signature of Disposal Representative	Date	_