# Working Instructions: Form 4 - Controlled Substance Destruction Log

# Definitions:

1. Controlled Substance - The Controlled Substances Act (CSA) places all substances which were in some manner regulated under existing federal law into one of five schedules.  This placement is based on the substance’s medical use, potential for abuse, and safety or dependence liability.  More information can be found in [Title 21 United States Code (USC) Controlled Substances Act](https://uscode.house.gov/view.xhtml;jsessionid=2C85B8DEBFB1BB15A7D31E29A34C3DAA?req=granuleid%3AUSC-prelim-title21&saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGUyMS1zZWN0aW9uODAx%7C%7C%7C0%7Cfalse%7Cprelim&edition=prelim) [Alphabetical List of Controlled Substances](https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf)
2. Registrant – A person licensed and registered with DEA to distribute, manufacture, administer, dispense, import/export a controlled substance.
3. Reverse Distributor – any person/business registered with the Drug Enforcement Administration as a reverse distributor.

# Box 1: Registration Information

1. Complete the Registrant’s Name, DEA #, and address in this section. The information must appear exactly (in its entirety), as it does on the Registrant’s DEA License.

# Box 2: Reverse Distributor DEA Registrant Information

1. Complete Box 2 by filling in the information pertaining to the Reverse Distributor who will receive the controlled substances to be destroyed . Record the Reverse Distributor’s Name, DEA #, and address in this section. The information must appear exactly (in its entirety), as it does on the Reverse Distributor’s DEA License.

# Box 3: Destruction Log

1. Schedule I-II and Schedule III-V must be recorded and filed separately. Schedules I-II are to be recorded on a DEA Form 222, which is the official record of destruction. Form 4 is supplemental for Schedule I-II drugs. However, if a DEA Form 222 is lost/misplaced, this would serve as backup documentation.
2. Record the date of destruction. The date of destruction is the date the controlled substances physically left the registered location to be destroyed by the Reverse Distributor.
3. If the controlled substances are a Schedule I-II, then the controlled substances must be transferred to the Reverse Distributor via a DEA Form 222. Record the DEA 222 Order Form Number. The order form number can be found on the DEA Form 222 (see below)



1. Record the name of the controlled substance being destroyed, the concentration/strength, the total volume/quantity being destroyed, and the drug form. Each Unique Bottle ID should also be recorded.
2. If the destruction page is continued on an additional page, check the box at the bottom of the page.

Sample Form 4: Schedule I – II Controlled Substance Destruction Log

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** John Smith | **DEA #:** RS1234567 | **Registered Address:** 123 Main Street, Room #123, Atlanta, GA, 30325 |

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| **Box 2: Reverse Distributor DEA Registrant Information** |
| **Registrant’s Name:** Reverse Distribution LLC | **DEA #:** DR4758590 | **Registered Address:** 45738 Destruction Way, Atlanta, GA, 30325 |

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| **Box 3: Schedule I – II Destruction Log** |
| **Date of Destruction** | **DEA 222 Order Form #** | **Name of Controlled Substance** | **Concentration/Strength** | **Total Volume/Quantity to be destroyed** | **Drug Form** | **Unique Bottle ID** |
| 02/11/23 | 21234345354 | Psilocybin | 100 | 0.5g | powder | PSB002 |
| 02/11/23 | 21234345354 | Fatal Plus | 390mg/ml | 20mlSAMPLE | liquid | FP0010 |
| 02/11/23 | 21234345354 | MDMA HCL | 100 | 2g | powder | MDMA003 |
| 02/11/23 | 21234345354 | Morphine Sulfate ER | 20mg | 2 | capsules | MS0013 |
| 02/11/23 | 21234345354 | Fentanyl Base | 100 | 1g | powder | FB0001 |
| 02/11/23 | 21234345354 | Oxycodone HCL | 100 | 0.75g | Powder | Oxy1001 |
| 02/11/23 | 21234345354 | Dexmethylphenidate HCL | 5mg | 5 | tablets | DMeth001 |
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Sample Form 4: Schedule III-V Controlled Substance Destruction Log

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| **Box 1: Registrant Information** |
| **Registrant’s Name:** John Smith | **DEA #:** RS1234567 | **Registered Address:** 123 Main Street, Room 123, Atlanta, GA, 30325 |

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| **Box 2: Reverse Distributor DEA Registrant Information** |
| **Registrant’s Name:** Reverse Distribution LLC | **DEA #:** DR4758590 | **Registered Address:** 45738 Destruction Way, Atlanta, GA, 30325 |

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| **Box 3: Schedule III-V Destruction Log** |
| **Date of Destruction** | **Name of Controlled Substance** | **Concentration/Strength**SAMPLE | **Total Volume/Quantity to be destroyed** | **Drug Form** | **Unique Bottle ID** |
| 02/11/23 | Buprenorphine HCL | 0.3mg/ml | 1ml | liquid | BUP0010 |
| 02/11/23 | Ketamine HCL | 100mg/ml | 2ml | liquid | KET0003 |
| 02/11/23 | Testosterone Cypionate USP | 100 | 1 grams | powder | TEST001 |
| 02/11/23 | Euthasol | 390mg | 5ml | liquid | EUTH005 |
| 02/11/23 | Lorazepam | 1mg | 3m | tablets | LOR0009 |
| 02/11/23 | Ketamine HCL | 100mg/ml | 5ml | liquid | KET0004 |
| 02/11/23 | Buprenorphine HCL | 0.3mg/ml | 0.5ml | liquid | BUP0011 |
| 02/11/23 | Ketamine HCL | 100mg/ml | 0.5ml | liquid | KET0005 |
| 02/11/23 | Buprenorphine HCL | 0.3mg/ml | 2ml | liquid | BUP0012 |
| 02/11/23 | Euthasol | 390mg | 3ml | liquid | EUTH006 |
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Form 4: Schedule I – II Controlled Substance Destruction Log

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| **Box 1: Registrant Information** |
| **Registrant’s Name:**  | **DEA #:**  | **Registered Address:**  |

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| **Box 2: Reverse Distributor DEA Registrant Information** |
| **Registrant’s Name:**  | **DEA #:**  | **Registered Address:**  |

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| **Box 3: Schedule I – II Destruction Log** |
| **Date of Destruction** | **DEA 222 Order Form #** | **Name of Controlled Substance** | **Concentration/Strength** | **Total Volume/Quantity to be destroyed** | **Drug Form** | **Unique Bottle ID** |
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Form 4: Schedule I-II Controlled Substance Destruction Log Continued

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| **Box 3: Schedule I – II Destruction Log Continued** |
| **Date of Destruction** | **DEA 222 Order Form #** | **Name of Controlled Substance** | **Concentration/Strength** | **Total Volume/Quantity to be destroyed** | **Drug Form** | **Unique Bottle ID** |
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Form 4: Schedule III-V Controlled Substance Destruction Log

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| **Box 1: Registrant Information** |
| **Registrant’s Name:**  | **DEA #:**  | **Registered Address:**  |

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| **Box 2: Reverse Distributor DEA Registrant Information** |
| **Registrant’s Name:**  | **DEA #:**  | **Registered Address:**  |

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| **Box 3: Schedule III-V Destruction Log** |
| **Date of Destruction** | **Name of Controlled Substance** | **Concentration/Strength** | **Total Volume/Quantity to be destroyed** | **Drug Form** | **Unique Bottle ID** |
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Form 4: Schedule III-V Controlled Substance Destruction Log Continued

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| **Box 3: Schedule III-V Destruction Log Continued** |
| **Date of Destruction** | **Name of Controlled Substance** | **Concentration/Strength** | **Total Volume/Quantity to be destroyed** | **Drug Form** | **Unique Bottle ID** |
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