



DEPARTMENT OF ENVIRONMENTAL
HEALTH AND SAFETY

Rideau Building, 207 Stuart Street
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Certificate of Destruction of Controlled Substances

Generator(s) 1 _____ Health Canada file # _____
2 _____
3 _____

Inventory of controlled substance(s)

Name of Controlled Substance		Volume (kg/L)
1		
2		
3		
4		
5		
6		
7		

This certificate is to confirm that the product(s) listed above have been completely destroyed on this date, safely and without incident.

Signature of Principal Investigator

Date

Signature of Witness (Pharmacist or colleague)

Date

Signature of Disposal Representative

Date