

Appendix F – Controlled Substances and Controlled Plants Protocol Confirmation of Disposal

College of *(name of college)*

Adelaide University

Kaurna Land | Australia 5005

<https://adelaideuni.edu.au/>

Confirmation of Disposal

Chemical name	Schedule #	CAS	Physical state	Volume	DG class

Time/Date of disposal:

Confirming that chemical/s above for disposal removed from “Previous University location” to Pharmacy “Pharmacy name – Address”.

Chemical transported in appropriate chemical containment as per [The Code of Practice for the Storage and Transport of Drugs of Dependence 2025](#).

Transported by:	Witnessed by:
Name:	Name:
Staff ID:	Staff ID:
Role:	Role:
School/Area:	School/Area:
Signed: -----	Signed: -----

<p>Pharmacy disposal received by (RUM):</p> <p>Name:</p> <p>Role:</p> <p>Identification Number:</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"><p><i>Stamp here</i></p></div>
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