4. Expired, Recalled, Transferred, Destruction Log

Drug Name/ Strength/ Bottle or Vial Size	Total Quantity Removed (ex. 1 vial, 30 tabs, etc)	Indicate Reason Removed (ex. recalled, expired, transferred)	Expiration Date (leave blank if not expired)	Removal Date	Transferred out Location (leave blank if not transfer)	Witness #1 (initials)	Witness #2 (only if destroying meds on site)
Example: epinephrine 1mg/1ml	10 vials	expired	Dec-21	12/1/2021		JD	,
Examle: Fluarix quad flu shot	5 syringes	transferred			123 Main ST. 29303	JD	

Please keep this form in the very front of the Expired/Outdated tab in your pharmacy binders