# **DISPOSAL OF EXPIRED DRUGS / MEDICINES FORM**

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| **Vessel Name:** |  | **Date:** |  |
| **Master Name:** |  | **Chief Officer Name:** |  |

The drugs/medicines are not to be incinerated instead to be disposed ashore providing a list in the below:

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| **S/No.** | **Drug / Medicine Name** | **Quantity/Unit** | **Expired Date** |
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| **Chief Officer Signature:** |  |  | **Master Signature:** |  |