



NORTHEASTERN ILLINOIS REGIONAL CRIME  
LABORATORY

**DRUG DESTRUCTION INVENTORY FORM**

**AGENCY:** \_\_\_\_\_

- EVIDENCE SUBMITTED ON THIS FORM WILL BE **DESTROYED WITHOUT ANALYSIS**

Container No.	Sealed by Agency?	Description / Type of Evidence	R	D
1	Y	Box Misc. Drugs		
2	Y	Box Misc. Drugs		
3	Y	Box Compressed powders – 4 bricks		
1	Y	Pail Liquids 4-1qt containers, ~2qts total liq.		
		Please pack boxes completely so that box flaps contact the contents and so contents cannot be shaken. This is for safety as we will be stacking boxes and pallets on top of boxes.		
		Gently breaking larger glass paraphernalia will allow for denser packing.		

Prepared By:	ID #:	Date:
Verified By:	ID #:	Date:
Delivered By:	ID #:	Date:

----- **FOR LABORATORY USE ONLY** -----

Received By:	Date:
Destroyed By:	Date:
Witnessed By:	