

Staff Authorisation Sheet

Name of Lead Pharmacist:

Name of Lead Technician (if applicable):

Full Address of Pharmacy:

Contact Telephone Number:

The following members of staff have been assessed by the Lead Pharmacists as meeting the criteria defined in the One Recovery Staffordshire Service Level Agreement for Supervised Consumption of Methadone and Buprenorphine.

Name	Signature	Date

Please Retain in Pharmacy

Previous versions should also be retained in the pharmacy to provide an audit trail