DISPOSAL OF CONTROLLED SUBSTANCE RECORD

Principal Investigators shall contact Safety Services for assistance with disposal of controlled substances. The Principal Investigator (or Department) shall keep this form for at least two years after disposal of the controlled substance.

Principal Investigator: ____________________________
Department: ____________________________ Phone/Email: ____________________________

Controlled Substance disposed:
Type ____________________________
Strength/Concentration ____________________________
1. Where was this controlled substance stored? (Campus/Building/Room)

2. What quantity of the controlled substance was disposed of?

3. Date of disposal ____________________________

4. Name of person overseeing the disposal of the substance ____________________________

5. Signature of the Principal Investigator ____________________________