

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 _____