

**Inventory Record for the use of Health and Human Services Toxins in Permissible Quantities**

**\*\*Keep in a safe place! Fill out EVERY time select agents are used or destroyed!\*\***

Principal Investigator: \_\_\_\_\_ Laboratory phone number: \_\_\_\_\_

Laboratory room number(s): \_\_\_\_\_

Name of toxin: \_\_\_\_\_ IBC protocol number: \_\_\_\_\_

Amount of toxin in unopened container (Initial amount): \_\_\_\_\_

Date container was opened: \_\_\_\_\_ Expiration date on container (if present): \_\_\_\_\_

Date that entire amount is used and container is decontaminated and disposed of: \_\_\_\_\_

Method of select agent decontamination: \_\_\_\_\_

Person Responsible for maintenance of this log book: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date	Personnel Name (please print)	+/- QTY	Brief Description of Utilization/Addition	New Balance
Personnel Signature:				

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