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 ______________________________