SELECT AGENT INVENTORY RECORD
****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 select agent: _____ IBC protocol number: _____

Amount of select agent in unopened container (beginning 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)	Quantity	Brief Description of Utilization
Personnel Signature:			

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Personnel Signature:			

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