

College of Arts and Sciences Controlled Substances Disposal Form

Date:	
Lab location:	
Investigator:	

Name of Controlled Substance:	
Diluted/Undiluted:	
If diluted list diluents:	
Strength/Concentration:	
Vial size:	
Date of purchase:	
Vial #:	
Date of expiration:	
Calculated volume in vial:	
Actual volume in vial:	
Method of Disposal:	
Date of Disposal:	

Name (Printed)	Signature
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Principal Investigator

Name (Printed)	Signature
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Unit Head

Name (Printed)	Signature
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College Level Representative