

## 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 Principal Investigator \_\_\_\_\_
6. Signature of person overseeing the disposal of the substance \_\_\_\_\_