

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

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

Principal Investigator: _____

Laboratory: _____

Phone number: _____

IBC Protocol number: _____

Laboratory room number(s): _____

Name of toxin: _____

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 toxin 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: | | | | |

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