

## 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:				

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