Yale *Environmental Health & Safety*

Appendix E: Working Solution Controlled Substance Use Record Form

Use a separate sheet for each controlled substance					
Principal Investigator: _____					
Name/Strength/Form of controlled substance: _____					
Date	**Authorized User**	**Description of Use Experiment or ID#**	**Amount Used**	**Amount Wasted**	**Remaining Amount on Hand**

Total Disposition This Page: _____