



CALIFORNIA INSTITUTE OF TECHNOLOGY

CONTROLLED SUBSTANCES MANAGEMENT PROGRAM
UNIFIED DISTRIBUTION, TRANSFER, AND DISPOSAL FORM

FORM REVISION DATE 6/18/12

DISTRIBUTION OF CS TO AUTHORIZED PERSON/RESEARCH GROUP

AUTHORIZED PERSON: RESEARCH GROUP
 BUILDING: ROOM: IACUC/AUTHORIZATION #:
 CIT CONTROL NUMBER INVOICE NUMBER
 CS NAME SUPPLIER
 CONTAINER
 CONCENTRATION UNITS
 SCHEDULE
 DATE OF DELIVERY **6/21/2012**

DELIVERY:
EHS NAME: _____ SIGNATURE: _____ DATE: _____

RECEIVED BY:
LAB A.P.: _____ SIGNATURE: _____ DATE: _____

TRANSFER OF CS TO ANOTHER AUTHORIZED PERSON/RESEARCH GROUP

NEW RESEARCH GROUP: _____ RELINQUISHED BY: _____
 _____ LAB A.P.: DATE: _____
 NEW AUTH. PERSON: _____ SIGNATURE: _____
 IACUC/AUTHORIZATION #: _____ AMOUNT IN CONTAINER: _____
 RECEIVED BY: _____
 NEW AUTHORIZED PERSON TO TAKE THIS ORIGINAL FORM WITH THE DATE: _____
 CONTAINER OF THE CONTROLLED SUBSTANCE. PLEASE SEND A COPY OF THIS FORM TO EHS TO CONFIRM TRANSFER OF THE CONTAINER. SIGNATURE: _____

FOR CONTROLLED SUBSTANCES DISPOSAL, PLEASE CONTACT EHS AT x6727 TO ARRANGE A PICKUP DAY AND TIME.
HAVE THIS ORIGINAL FORM ON HAND AT THE TIME OF PICKUP.

EMPTY CONTAINER OR DISCARD RETURN

- EMPTY CONTAINER
- RETURN OF MATERIAL FOR DISPOSAL - AMOUNT REMAINING IN CONTAINER: _____ g or mL

CIRCLE ONE

RELINQUISHED BY:
LAB A.P.: _____ SIGNATURE: _____ DATE: _____

RECEIVED BY:
EHS NAME: _____ SIGNATURE: _____ DATE: _____

RECEIVED BY:
CCSC NAME: _____ SIGNATURE: _____ DATE: _____

DISPOSITION BOX NUMBER/SHELF NUMBER: BOX _____ /SHELF _____

REFERENCE CODE: