Appendix B4: Record of Controlled Substances Dispensed/Used (Required)

Name of Controlled Substance: _____ **Concentration:** _____ **Container Size:** _____

Manufacturer: _____ **Supplier:** _____ **Lot No:** _____ **Form No:** _____

Date Received: _____ **Expiration Date:** _____ **Vial/Bottle Number** _____ **of** _____ **Vials/Bottles**

Disposal information if the container expired before used up: _____

Date	Location of Use	Project (How the Substance was Used)	Authorized User Name	Previous Balance	Amount Used	New (Remaining) Balance