Controlled Substance – Record of Distribution/Use

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

Manufacturer: _____ Supplier: _____ Lot No: _____ Form[1]: _____

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

(1) Form: liquid, powder, tablet.