

SELECT AGENT TOXIN INVENTORY RECORD

Toxin Name: _____

Stock (Solution) Concentration _____ Number: _____ of _____

Page: _____ of _____

INVENTORY RECORD INITIAL QUANTITY OR QUANTITY AT LAST AUDIT (µg or mg): _____

QUANTITY REMAINING AT TIME OF CURRENT AUDIT (µg or mg): _____

Note: Use a separate inventory sheet for each stock. Continue on another sheet if necessary. Quantity should be recorded in µg or mg. Inventory should be reconciled periodically.

Date of Access	Name of Individual Accessing Toxin	Purpose of Access to Toxin	Quantity Removed	Quantity Returned	Quantity Remaining	Signature of Approved Individual
			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	
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			-	+	=	
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			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	
			-	+	=	

Please retain this form in your records and send a copy to Environmental Health & Safety, Biological Safety – 100 EHS, as soon as you complete your work with this toxin.

Contact Nyree Mortensen (353-5679) or Haley Sinn (335-9553) before transferring to another investigator, prior to destruction of any unused toxin, and immediately if any discrepancy in your inventory is found.

Principal Investigator (print name): _____ Date: _____

Principal Investigator (signature): _____ Safety Advisor (signature): _____