

Controlled Substance Spill Record

Instructions: **Complete one form for each spill.** The form can be completed online but it must be printed and signed. **Submit signed originals to the Health Sciences Campus Safety Coordinator within 24 hours of the spill.** Place a copy of each form in the Controlled Substances Manual.

Authorized User/Permit Holder: _____ Department: _____

DEA Registration Number: _____ Controlled Substance: _____

Schedule No.: _____ Finished Form: _____ Manufacturer: _____

Lot #: _____ NDC #: _____ Exp. Date: _____ Vial #: _____

Total Volume in Container _____ Volume Prior to Loss: _____ Quantity Spilled: _____

Lab Location: _____ Date of Spill: _____

Describe the spill below:

Print Name: _____

Signature: _____

Date: _____

Reviewed by EHS:

Print Name: _____

Signature: _____

Date: _____

Submit this form to the HSC Safety Coordinator within 24 hours of the spill.