

BIOLOGICAL TOXINS INVENTORY FORM



TOXIN NAME: _____

QUANTITY ACQUIRED: _____

DATE OF ACQUISITION: _____

SOURCE OF ACQUISITION: _____

INITIAL QUANTITY: _____

CHARACTERISTICS:

WHERE STORED

BUILDING: _____ ROOM: _____ EQUIPMENT (freezer, refrigerator, etc.): _____

INVENTORY OF USAGE

CURRENT QUANTITY	DATE REMOVED FROM STORAGE	QUANTITY REMOVED	REMOVED BY	USED BY	DATE RETURNED TO STORAGE	QUANTITY RETURNED	RETURNED BY	PURPOSE OF USE	DATE DESTROYED	QUANTITY REMAINING

Comments/Discrepancies: _____