

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.