Category 1 Drug Precursor
Use and Disposal Form

Substance Name:	Supplier:
Description:	Cat No:
Initial Quantity/Vol:	P.O. Number:
VIAL ID No:	Date Ordered:
Storage Location:	Date Received:
	Final Disposal Date:

Date	Name (in full)	amount used	amount remaining	Usage & Final Fate

Once vial is finally disposed of please sign below then return this sheet to your laboratory manager.

Name: …… Date: ……..……...