Office of Environmental
oeh&s
Health and Safety

CONTROLLED SUBSTANCE INVENTORY FORM

Office of Environmental Health and Safety (OEH&S)
BOX # 0942 FAX (415) 476 – 0581

Controlled Substance	Substance Schedule Number	Total Inventory Quantity *	Reason for Substance Being Maintained

*Total quantity of the substance to the nearest metric unit weight or the total number of units (Schedule I or II: Perform an exact or measure of the contents).

_____ _____
Authorized PI Signature Print Name (PI)

_____ _____
PI Title Department

_____ _____
Mail Box # CSA #

_____ _____
Phone Date

Please return to your OEH&S DSA by close of business day on: _____

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