

<b>RETURNED BY</b>
Principal Investigator Name:
Building & Room:
Authorized Person:
Authorized Person Email and Phone:
Chartstring:
CSUA #:
Notes (e.g., Exp. Date):

<b>RETURNED TO</b>
University of California, Berkeley EH&S Hazardous Materials Facility Berkeley CA 94720-1150 Phone: (510) 642-3073 CSuse@berkeley.edu
<b>FOR EH&amp;S CSPA ONLY</b>
DEA No.:

ITEM NO.	FULL PKG.		PARTIAL PKG.			ITEM NAME (Description including Name, Form, and Strength)	NATIONAL DRUG CODE
	QTY	PKG SIZE	QTY	PARTIAL COUNT	PKG SIZE		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

More Information: <https://ehs.berkeley.edu/safety-subjects/controlled-substances/dispose-controlled-substances>

**Chain of Custody**

1) Authorized Registrant Name (Print)	Authorized Registrant Signature	Date
2) EH&S Representative Name (Print)	EH&S Representative Signature	Date
3) Optional Third Name (Print)	Third Signature	Date

1. Place a copy of the form(s) with the unwanted controlled substance(s) in your locked storage location. DO NOT sign the forms until EH&S pick-up.
2. Email completed form (PDF) to [CSuse@berkeley.edu](mailto:CSuse@berkeley.edu)