

SCHEDULE II RETURN REQUEST FORM

RETURNED BY	
Principal Investigator:	
Building & Room:	
Authorized Person:	
Authorized Person Email:	
Authorized Person Phone:	
Chartstring:	
Date:	CSUA #:
Notes:	

RETURNED TO
<i>University of California, Berkeley EH&S Hazardous Materials Facility Berkeley CA 94720-1150 Phone: (510) 642-3073 CSuse@berkeley.edu</i>
FOR EH&S CSPA ONLY
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: <http://ehs.berkeley.edu/controlled-substances/how-do-i-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

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