

## SELECT AGENT INVENTORY RECORD

\*\*Keep in a safe place! Fill out EVERY time select agents are used or destroyed!\*\*

Principal Investigator: \_\_\_\_\_ Laboratory phone number: \_\_\_\_\_

Laboratory room number(s): \_\_\_\_\_

Name of select agent: \_\_\_\_\_ IBC protocol number: \_\_\_\_\_

Amount of select agent in unopened container (beginning amount): \_\_\_\_\_

Date container was opened: \_\_\_\_\_ Expiry date on container (if present): \_\_\_\_\_

Date that entire amount is used and container is decontaminated and disposed of: \_\_\_\_\_

Method of select agent decontamination: \_\_\_\_\_

Person Responsible for maintenance of log book: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date	Personnel Name (please print)	City	Brief Description of Utilization
Personnel Signature: _____			

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Personnel Signature: _____			

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