



# CALIFORNIA INSTITUTE OF TECHNOLOGY

CONTROLLED SUBSTANCES MANAGEMENT PROGRAM  
UNIFIED DISTRIBUTION, TRANSFER, AND DISPOSAL FORM

FORM REVISION DATE 09/12/2025

## DISTRIBUTION OF CS TO AUTHORIZED PERSON/RESEARCH GROUP

AUTHORIZED PERSON:	<input type="text"/>	RESEARCH GROUP	<input type="text"/>
BUILDING:	<input type="text"/>	ROOM:	<input type="text"/>
		IACUC/AUTHORIZATION #:	<input type="text"/>
CIT CONTROL NUMBER	<input type="text"/>	INVOICE NUMBER	<input type="text"/>
CS NAME	<input type="text"/>	SUPPLIER	<input type="text"/>
CONTAINER	<input type="text"/>		
CONCENTRATION UNITS	<input type="text"/>		
SCHEDULE	<input type="text"/>		
DATE OF DELIVERY	<input type="text"/>		

DELIVERY:

EHS NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY:

LAB A.P.: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## TRANSFER OF CS TO ANOTHER AUTHORIZED PERSON/RESEARCH GROUP

NEW RESEARCH GROUP: \_\_\_\_\_

NEW AUTH. PERSON: \_\_\_\_\_

IACUC/AUTHORIZATION #: \_\_\_\_\_

NEW AUTHORIZED PERSON TO TAKE THIS ORIGINAL FORM WITH THE  
CONTAINER OF THE CONTROLLED SUBSTANCE. PLEASE SEND A COPY  
OF THIS FORM TO EHS TO CONFIRM TRANSFER OF THE CONTAINER.

RELINQUISHED BY:

LAB A.P.: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AMOUNT IN CONTAINER: \_\_\_\_\_

RECEIVED BY:

NEW LAB A.P.: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR CONTROLLED SUBSTANCES DISPOSAL, PLEASE CONTACT EHS AT x6727 TO ARRANGE A PICKUP DAY AND TIME.  
HAVE THIS ORIGINAL FORM ON HAND AT THE TIME OF PICKUP.

## EMPTY CONTAINER OR DISCARD RETURN

- ☐ EMPTY CONTAINER CIRCLE ONE  
☐ RETURN OF MATERIAL FOR DISPOSAL - AMOUNT REMAINING IN CONTAINER: \_\_\_\_\_ g or mL

RELINQUISHED BY:

LAB A.P.: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY:

EHS NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY:

CCSC NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DISPOSITION BOX NUMBER/SHELF NUMBER: BOX \_\_\_\_\_ /SHELF \_\_\_\_\_

REFERENCE CODE: