



CALIFORNIA INSTITUTE OF TECHNOLOGY

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

FORM REVISION DATE 12/28/21

DISTRIBUTION OF CS TO AUTHORIZED PERSON/RESEARCH GROUP

AUTHORIZED PERSON:

RESEARCH GROUP:

BUILDING: ROOM:

IACUC/AUTHORIZATION #:

CIT CONTROL NUMBER	<input type="text"/>
GENERIC NAME	<input type="text"/>
CS NAME	<input type="text"/>
CONTAINER	<input type="text"/>
CONCENTRATION UNITS	<input type="text"/>
SCHEDULE	<input type="text"/>

INVOICE NUMBER	<input type="text"/>
PO NUMBER	<input type="text"/>
SUPPLIER	<input type="text"/>

DATE OF DELIVERY: _____

CCSC NAME: _____ SIGNATURE: _____ DATE: _____

RECEIVED BY: _____

LCSC NAME: _____ SIGNATURE: _____ DATE: _____

FOR CONTROLLED SUBSTANCES TRANSFER, FIRST CONTACT YOUR CCSC (EHS AT x6727 OR OLAR AT olarCCSC@caltech.edu) TO ASSIST.
SEND A COPY OF THIS FORM TO YOUR CCSC TO CONFIRM TRANSFER OF THE CONTAINER.
THE NEW AUTHORIZED PERSON WILL TAKE THIS ORIGINAL FORM WITH THE CONTAINER OF THE CONTROLLED SUBSTANCE.

TRANSFER OF CS TO ANOTHER AUTHORIZED PERSON/RESEARCH GROUP

NEW RESEARCH GROUP: _____

NEW LOCKBOX LOCATION: _____

IACUC/AUTHORIZATION #: _____

RELINQUISHED BY: _____

LCSC: DATE: _____

SIGNATURE: _____

AMOUNT IN CONTAINER: _____

RECEIVED BY: _____

NEW LCSC: _____ DATE: _____

SIGNATURE: _____

FOR CONTROLLED SUBSTANCES DISPOSAL, CONTACT YOUR CCSC (EHS AT x6727 OR OLAR AT olarCCSC@caltech.edu) 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: _____
LCSC NAME: _____ SIGNATURE: _____ DATE: _____

RECEIVED BY: _____
CCSC NAME: _____ SIGNATURE: _____ DATE: _____

LICENSE: