

**Record of Witness of Disposal of
Controlled Substances**

Requester's Name	ICD	Location of Substance
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Requester's Signature

Description of Controlled Substances

Lot and Stock No.	Name of Controlled Substances	Amount	Unit

Certification of the Disposal of the Controlled Substances

The substances described above were disposed of in the following way (*check one*):

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Burned in the NIH incinerator.
Give date and time:

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Turned over to Hazardous and Solid Waste Management
Signature of person receiving substance:

Signature of person destroying or turning over the substance

Signature of witnesses to this action (*Div. of Security Operations employees*)