



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Laboratory Safety Office

1200 Carothers

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CONTROLLED SUBSTANCE SPILL RECORD

Controlled Substance: _____	Date Received: _____
Principal Investigator: _____	DEA License #: _____ DOH Exemption #: _____
Manufacturer: _____	
Supplier: _____	DEA License #: _____ DOH Exemption #: _____
Lot/ID#: _____	Units/Container: _____ Concentration: _____
Container Size: _____	Vial/Bottle#: _____ of _____

Date of Spill _____
Describe the Incident below: