Principal Investigator(s):
Protocol Title & Number:
Date: Contact Info:
Contact inio.
List each controlled substance or medical grade gas and describe all procedures necessary for personnel and animal safety including biohazardous waste, carcass disposal, and cage decontamination below.
Substance/Gas:
DEA Schedule (CSA): DEA Substance number (CSCN)
How will the substance be administered?
Length of time drug shed or present in bedding:
Please describe briefly how waste (carcasses, bedding) will be collected, stored, and disposed of:

Do you already !	have a DEA registra	ation? Yes	s No		
Registration Nur	mber		Expiration Date		
Schedules					
Have you been g Grade Gases?	given authorization	by UWF EH8	&S to use Controlled substances or Medical		
Yes No Propos		Proposal su	sal submitted, awaiting approval		
utilizing the above	ve agents in/with ar	nimals may be	C and EH&S must be granted before any work egin. A hazard start-up meeting between EH ent before initiating this work.		
Printed Name of PI			Date		
PI Signature					
For Office U	Jse Only: Appro	val Docum	entation:		
Environmental Health & Safety		Date	Comments		
IACUC		 Date	Comments		