

# CONTROLLED DRUGS AND SUBSTANCES

## INCIDENT REPORT FORM

**TO BE COMPLETED BY THE PI WITHIN 24 HOURS OF A SPILL, THEFT OR OTHER LOSS OF CONTROLLED DRUG OR SUBSTANCE AND SUBMITTED TO THE PHARMACY MANAGER.**

Date of incident:

Principal Investigator Name:

Extension:

Department:

### Incident Information

Controlled drug/substance(s) involved:

Quantity involved:

Type (spill, theft, loss):  Spill  Theft  Other Loss (please describe)

Description of incident:

Location of incident

Building:

Room number:

Corrective actions:

Witness(es):

Reported by:

In the event of a theft check the box to confirm that it has been reported to Campus Police

Role	Signature	Date
Principal Investigator		
Department Appointee		