Compound Name: Bottle ID:

Restricted Poisons Usage Log

This usage log must be completed for all use of Restricted S4 (RS4) and Restricted S7 (RS7) poisons within the local area by the endorsed Drugs and Poisons Officer (DO), and must be kept for at least 5 years after the use of the substance.

Compound Name		**Risk assessment Reference #**	
Poison Schedule (RS4 or RS7)		**Purchase order #**	
Supplier & part #		**Lot #**	
Storage conditions		**Form**	
Endorsement holder		**Endorsement #ID**	
Initial weight (g) / volume (mL)		**Initial gross bottle weight (g)**	
Bottle ID		**Storage location** (Building # & Room # & cupboard # / fridge # / freezer #)	

This substance was issued by:

Drugs officer: _____ Signature: _____ Date: _____

This substance was issued to Group CI – User (circle one):

Name: _____ Signature: _____ Date: _____

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Compound Name: Bottle ID:

All users of this substance must be listed below:

Name	Signature	Date	Chemical Safety Training Date	Risk Assessment Reference #	Supervisor	Supervisor's Signature

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Compound Name: Bottle ID:

Date	User or Witness name	User or Witness signature	Purpose or Experiment ID	Risk assessment reference #	Amount in (g / mL)	Amount out (g / mL)	Balance (g or mL)	Drugs Officer name	Drugs Officer signature

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Compound Name: Bottle ID:

Date	User or Witness name	User or Witness signature	Purpose or Experiment ID	Risk assessment reference #	Amount in (g / mL)	Amount out (g / mL)	Balance (g or mL)	Drugs Officer name	Drugs Officer signature