Name of compound:…… Page No:……
Storage location:
Rm No:…… Fridge[+]/ Freezer[+] / Cupboard[+]/ Drawer[+]……
[+] **must be locked at all times**

SCHEDULE DRUG USAGE LOG

These records must be kept for all Schedule 4, 7, 8 and 9 drugs for at least 2 years after their use.

Chief investigator:

Name of compound:

Name of supplier:

Date	User's name	Experiment / procedure name	Amount of drug received (g/mg/ml)*	Amount of drug used (g/mg/ml)*	Balance of drug (g/mg/ml)*	User's signature

***Delete as appropriate**

……
Chief Investigator.

Name of compound:…… Page No:……
Storage location:
Rm No:…… Fridge[+]/ Freezer[+] / Cupboard[+]/ Drawer[+]……
[+] **must be locked at all times**

Date	User's name	Experiment / procedure name	Amount of drug received (g/mg/ml)*	Amount of drug used (g/mg/ml)*	Balance of drug (g/mg/ml)*	User's signature

***Delete as appropriate**

……
Chief Investigator.