Exempt Select Agent Toxin Inventory

Toxin:_____   Source:_____
Location Building:_____ Room:_____   Date Acquired:_____
Initial Quantity:_____

Date	Amount Removed	Amount Added	Amount Remaining	Reason for Removal	Name of User	Signature of User

Please contact Harvard University Biological Safety at (617) 432-1720 immediately if any inventory discrepancies are discovered.

Principal Investigator Name:_____

Principal Investigator Signature:_____   Date:_____