



This is to certify that the record has been filled as of \_\_\_\_\_ (mm/dd/yy).

Signature

**Building, Room Number, and Storage Location:** \_\_\_\_\_

**Directions:** Using a pen, LEGIBLY write in the information below for EACH access to a select agent held in long-term storage (i.e., a system designed to ensure viability for future use, such as a freezer or lyophilized materials). For organisms, quantities should be indicated by the number of containers, vials, or tubes. For toxins, quantities should be indicated in specific units of weight or volume (e.g., mg, g, ml, etc.). For your name, you may use an initial for your first name, but you must write out your last name. If material is used up or transferred to another entity and not returned to storage, indicate that with an “n/a” in the date returned box and “0” in the quantity returned box.

[illegible]

Once filled, a copy of this form must be maintained in a secure location and presented for validation upon request.

### Periodic Record Verification:

Date: (mm/dd/yy)	Designated Individual (Signature)	Date: (mm/dd/yy)	Designated Individual (Signature)

Virginia Tech EHSS Form (04-2008)  
Select Agent and Toxin Inventory Access Log