



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 new select agent or toxin added to long-term storage (i.e., a system designed to ensure viability for future use, such as a freezer or lyophilized materials). You may use an initial for your first name, but you must write out your last name. 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.).

[illegible]

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

Periodic Record Verification:

Personnel Record Verification			
Date: (mm/dd/yy)	Designated Individual (Signature)	Date: (mm/dd/yy)	Designated Individual (Signature)