



Restricted and High Risk Poisons Usage Log

This usage log must be completed for all use of Restricted S4 (RS4 - RDD and RRD), Restricted S7 (RS7), all S8, S9 and S10 High Risk 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.

Substance Details:

Compound Name		RA # ID	
Poison Schedule	RS4 / RS7 / S8 / S9/S10	Form	Solid / Liquid / Gas
Supplier		Supplier part #	
Endorsement holder		Endorsement #ID	
Storage conditions	RT / 4°C / -20°C / -80°C	Storage location*	
Initial weight (g) / volume (mL)		*Room # and cupboard # or fridge # or freezer #	

This substance was issued by:

Drugs officer: _____

Signature: _____

Date: _____

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

Name: _____

Signature: _____

Date: _____

Compound Name:

Page: No.

All users of this substance must be listed below:

	Name	Signature	Date	Group	Supervisor	Supervisor's Signature	Risk Assessment #
1							
2							
3							
4							
5							
6							
7							
10							
11							

Page: No.

UQ Drugs and Poisons Usage Log

Compound Name:

Page: No.

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Compound Name:

Page: No.

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Compound Name:

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