

CS FORM F CONTROLLED SUBSTANCE INCIDENT REPORT

Office of Environmental Health & Safety

Suspected theft or significant loss of controlled substances or List I regulated precursor chemicals must be immediately reported to: DPS at 213-740-4321 and EH&S at 323-442-2200 or ehe-cs@usc.edu.

Instructions							
 Complete Section A. Provide signature and date of reporting party. Request for witness signature and date if applicable. Submit CS Form F to ehs-cs@usc.edu. 							
Section A – Reporting Party Information							
Date of Incident:				Time of Incident:			
Inci	dent Type: ☐ Spill ☐ Theft ☐ Lo	oss 🗆 O	ther:				
Reporting Party Name:			Email:		Р	Phone:	
DEA Registrant:			Email:		Р	Phone:	
CS Storage Campus: HSC □ UPC □ Location of Incident (Building/Room #):							
Controlled Substance Name		Schedule (II – V)		Container ID #	State (tablet, powder, liquid)	Quantity Loss or Spilled	
					powaci, iiquia)		
Precursor Chemical Name			DEA List		Quantity Loss or Spilled		
Sect	ion B - FH&S Investigation (completed h	v FH&S ne	ersonnel)				
EH&S assisted reporting party in locating missing drug(s) or List I regulated precursor chemical(s).							
	EH&S allowed reporting party to locate missing drug(s) or List I regulated precursor chemical(s) within a limited time frame.						
	EH&S reported incident to DPS.						
	EH&S reported loss or theft to the local DEA Office.						
	EH&S assisted reporting party with spill clean-up.						
	Other:						



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Section B – EH&S Investigation (continued)						
Incident Resolution (description)						
Reporting Party Signature:	Date:					
Witness Signature:	Date:					
EH&S Staff Signature:	Date:					