



CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION
DRUG CONTROL DIVISION

Controlled Substance Laboratory Inspection Summary

Inspection Date

Inspection Number

Inspection Type

Laboratory's Credential Name

Laboratory's Credential Address 1

Laboratory's Credential Address 2

Laboratory's City/Town

Laboratory's State

Laboratory's ZIP Code

Laboratory's Telephone
Number

Laboratory's Fax
Number

Laboratory's Email
Address

Laboratory's CSL
Credential Number

Laboratory's CSL
Credential Effective
Date

Laboratory's CSL
Credential Expiration
Date

Inspecting Agent's Signature

Laboratory Representative's
Signature

Inspecting Agent's Typed Name

Laboratory Representative's Typed
Name

Date and Time of Inspecting Agent's
Signature

Date and Time of Laboratory
Representative's Signature

Inspecting Agent's Email Address

