

Controlled Substance Reagent/Standard Validation Form

Solution Name: _____

Lot#: _____

Expiration Date: _____

Source

Powder Liquid

Manufacturer: _____

Manufacturer Lot#: _____

Manufacturer Expiration Date: _____

Preparation

Volume/Weight: _____

*Volume of CHEP Solution: _____

*CHEP Solution Lot#: _____

*CHEP Solution Expiration Date: _____

*if applicable

Date Analyzed by GC/MS: _____

GC/MS#: _____

Analyst Name: _____

Acceptable for Use: Yes No

Reviewed/Accepted for Use by: Initials: _____ Date: _____