Cannabis Destruction Record

NAME	SIGNATURE		DATE
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We, the undersigned, cer witnessed the destruction of			University and that we have method described above.
*Maintain all original o	locumentation.		
Sample identific	ation Number	Net Weight of Vo	Julie (il liquid) Prior to Destruction
Samples Sample Identific	otion Number	Not Woight or W	olume (if liquid) Prior to Destruction
☐ Other. Please describe	ž:		
	and absorbed with solid	absorbent	
Please indicate	what material:		
☐ Ground and mixed with	h equal part of another m	aterial.	
☐ Autoclaved and mixed	with soil and/or culture n	nedia	
Destruction Method			
Date			
Material Location of Destruction			
Description of Cannabis	-		
Principal Investigator			