UCF Environmental Health and Safety
UNIVERSITY OF CENTRAL FLORIDA

Controlled Substance Initial Inventory Form

Instructions: *The form can be completed online but it must be printed and signed. Completed and signed forms should be kept in the Controlled Substances Manual.*

Registrant Name: _____ DEA #: _____

Current Date: _____ Current Time: _____

Schedule I – II ◯ Schedule III – V ◯

Signature of Registrant: _____

Name of Substance	Received Date	Lot Number	Vial Number (s)	Total units