UCF	Environmental Health and Safety RSITY OF CENTRAL FLORIDA	Effective Date: 03/07/2023	Form Number: EHS_SOP350_FORM006
TITLE: Controlled Substance Initial Inventory Form		Responsible Authority: Health Science Campus Safety Officer	

Instructions: The form can be completed online but it <u>must</u> be printed and signed. Completed and signed forms must be kept in the Controlled Substances Manual. DEA #: Registrant Name: Current Date: \_\_\_\_\_ Date of Last Inventory: \_\_\_\_ OOB Schedule III - V Schedule I – II COB (opening (close of business) business) Signature of Registrant:

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