

 <b>Environmental Health and Safety</b> <small>UNIVERSITY OF CENTRAL FLORIDA</small>	<b>Effective Date:</b> <b>04/26/2018</b>	<b>Form Number:</b> <b>EHS_SOP350_FORM006</b>
<b>TITLE:</b> Controlled Substance Initial Inventory Form	<b>Responsible Authority:</b> <b>HSC Safety Coordinator</b>	

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

Registrant Name: \_\_\_\_\_ DEA #: \_\_\_\_\_

Current Date: \_\_\_\_\_ Date of Last Inventory: \_\_\_\_\_

Schedule I – II     Schedule III - V     Time: \_\_\_\_\_  AM  PM  OOB (opening of business)  COB (close of business)

Signature of Registrant: \_\_\_\_\_

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