

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 01/14/2020	Form Number: EHS_SOP350_FORM001
	TITLE: Controlled Substance Use Log	Responsible Authority: HSC Safety Coordinator

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 #: _____

Registrant Signature: _____

Controlled Substance Name: _____ Schedule I – II Schedule III – V

Date Received: _____ Time Received: _____

Manufacturer: _____ NDC Number: _____

Lot/Expiration Date: _____ Vial Numbers: _____

Units per Container: _____ Total Units: _____

****Required: The vial weight must be documented for DEA purpose, volume is optional.**

Use Log: Please document cocktail mixtures on a separate Use Log.

Date Dispensed	Dispensed By	Starting Amount		Ending Amount		Dispense Amount		Notes
		Vial Weight**	Volume	Vial Weight**	Volume	Weight	Volume	
<i>Example:</i> 07/15/11	John Doe	5.00 g	10ml	4.80 g	9.5 ml	.20 g	.5ml	Please document cocktail mixtures on separate Use Log.

