

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 07/25/2019	Form Number: EHS_SOP350_FORM010
TITLE: CONTROLLED SUBSTANCE AUTHORIZATION UPDATE	Responsible Authority: HSC Safety Coordinator	

*Instructions: **The form must be completed by the registrant.** The form can be completed online but it must be printed and signed. Submit all signed originals to the Health Sciences Campus Safety Coordinator. Place a copy in the Controlled Substances Manual.*

Section 1- Contact Information

Registrant Name: _____	Department: _____
Phone No.: _____	Lab Location: _____

Section 2- Reason for Change

	There has been significant changes in the use of controlled substances or procedure used in my research.
	The authorized user(s) in my lab has either joined the program or will be leaving my laboratory.
	I will be leaving the University of Central Florida.

Section 3- Authorized User(s)

Add	Remove	<u>Name</u>	<u>Title and Phone #</u>

Section 4- Reason for Changes

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Section 5- Certification

I certify that I have read and understood the UCF Possession of Prescription Drugs and Controlled Substances Procedure. I further certify that, to the best of my knowledge, the information provided in this form is complete and accurate. I will notify the HSC Safety Coordinator of any loss of controlled substances or discrepancies in recordkeeping immediately upon discovery.

Name: _____ Signature: _____ Date: _____