

 <p>Environmental Health and Safety UNIVERSITY OF CENTRAL FLORIDA</p>	Effective Date: 04/26/2018	Form Number: EHS_SOP350_FORM004
TITLE: Controlled Substance Spill Record	Responsible Authority: HSC Safety Coordinator	

*Instructions: **Complete one form for each spill.** The form can be completed online but it must be printed and signed. **Submit signed originals to the Health Sciences Campus Safety Coordinator within 24 hours of the spill.** Place a copy of each form in the Controlled Substances Manual.*

Authorized User/Permit Holder: _____ Department: _____
 DEA Registration Number: _____ Controlled Substance: _____
 Schedule No: _____ Finished Form: _____ Manufacturer: _____
 Lot #: _____ NDC #: _____ Exp. Date: _____ Vial #: _____
 Total Volume in Container _____ Volume Prior to Loss: _____ Quantity Spilled: _____
 Lab Location: _____ Date of Spill: _____

Describe the spill below:

Print Name: _____
 Signature: _____
 Date: _____

Reviewed by EHS:
 Print Name: _____
 Signature: _____
 Date: _____

Submit this form to the HSC Safety Coordinator within 24 hours of the spill.