

 <p><b>Environmental Health and Safety</b> UNIVERSITY OF CENTRAL FLORIDA</p>	<b>Effective Date:</b> 03/07/2023	<b>Form Number:</b> EHS_SOP350_FORM004
<b>TITLE:</b> Controlled Substance Spill Record	<b>Responsible Authority:</b> Health Sciences Campus Safety Officer	

*Instructions: **Complete one form for each spill.** The form can be completed by the registrant online but it must be printed and signed. **Submit a copy to the Health Sciences Campus Safety Officer 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:**

*\*Don't forget to take pictures.*

Print Name: _____ Signature: _____ Date: _____	Reviewed by EHS: Print Name: _____ Signature: _____ Date: _____
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**Submit this form to [ehs@ucf.edu](mailto:ehs@ucf.edu) within 24 hours of the spill.**