

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 03/07/2023	Form Number: EHS_SOP350_FORM001
	TITLE: Controlled Substance Use Log	Responsible Authority: Health Sciences Campus Safety Officer

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: _____

****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: 07/15/11</i>	<i>John Doe</i>	<i>5.00 g</i>	<i>10ml</i>	<i>4.80 g</i>	<i>9.5 ml</i>	<i>.20 g</i>	<i>.5ml</i>	<i>Please document cocktail mixtures on separate Use Log.</i>

