

**CONTROLLED SUBSTANCES**

**AUTHORIZED USERS**

**DEA Registrant:**

**(Note: This person is ultimately responsible for the security and recordkeeping of all Controlled Substances (CS))**

**Location of CS Storage (Storage locations must be approved by EH&S. Contact the Director of EH&S at x-5528):**

**Authorized Users (Include DEA registrant):**

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| --- | --- | --- | --- |
| **Name** | **Contact Information** | | **CS Training (Y/N)** |
| **Phone** | **Email** |
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| **Comments:** | | | |
| **I authorize the personnel listed above to use CS under my DEA registration and agree to have my CS storage locations approved by the Program Manager prior to use.**  **DEA Registrant Signature:**  **Print Name and Date:** | | | |