RECEIPT OF CONTROLLED SUBSTANCE LOG FORM

This record and the vendor’s invoice shall be retained by the Principal Investigator/licensee for at least two years after obtaining the substance, and be available for review by TTUHSC, DEA, or DPS representatives upon request.

Principal Investigator: ___________________________ R#: ___________________________
Department: ___________________________ Phone: ___________________________
Email: ___________________________ Campus: ___________________________

Rooms where controlled substances will be stored / used: ___________________________

DEA License #: ___________________________ Expiration Date: ___________________________
DPS License #: ___________________________ Expiration Date: ___________________________

Controlled Substance(s)
Obtained: ___________________________
Type/Schedule: ___________________________
Amount Received: ___________________________ Date Received: ___________________________
End Date: ___________________________

Name and Address of Supplier:

____________________________________
____________________________________
____________________________________

Signature of Principal Investigator / licensee: ___________________________

Signature of Authorized User receiving controlled substances if other than Principal Investigator: ___________________________