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: _____