

RECEIPT OF CONTROLLED SUBSTANCE LOG FORM

This record 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: _____
Amount Received: _____ Date Received: _____

Name and Address of
Supplier:

Signature of Principal
Investigator / licensee: _____

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