

Controlled Substance Authorized Users Signature Log

For security, the number of individuals who have access to controlled substances should be limited.
List the names, titles, initials and signatures of all persons designated by the Registrant as Authorized Users for this location.

PI (Registrant) Name: _____ Location(s) of Use: _____

Protocols (Name and Number): _____

Controlled Substances Used in Research: _____

(List Bulk Materials and Schedule) _____

Full Name of Authorized User (Print Full Name)	Job Title (or Project Role)	Legal Signature of Authorized User	Authorized User Initial	PI (Registrant) Initial and Date

I hereby certify that I have designated the persons listed above as Authorized Users for this location.

Registrant Signature: _____