THE UNIVERSITY of NORTH CAROLINA GREENSBORO Environmental Health and Safety Principle Investigator		Controlled Substance Usage I DEA License # Expiration Dat		og	Page of Date Department	
Container Amount		FormtabletInjectableElixer		Date Received		Lot or Serial #
Controlled Substance Name:						
Date: Month/Year/Time	Amount Used (in ml, tablets, vials, etc)	Amount Remaining	Activity Type (AN: anesthetic; E: euthanasia; D: dilution; AG: analgesia; R: recovery; O: other		Signature of Authorized Individual	

^{*}One log sheet must be completed for each container of Controlled Substance. If the material is converted or diluted, start a new log form to track that usage; reference the original container's lot number or serial number. Controlled Substance usage must be tracked on a per dose (use) basis and only by an Authorized Individual. Record total quantity of the substance to the nearest metric weight/volume or the total number of units in finished form.