



APPENDIX B Controlled Substances Authorized Users Signature Log

DEA Registrant: _____ DEA Registration #: _____

IACUC/Research Protocol Number(s)/Name(s): _____

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

By signing below, the Authorized User attests that they have reported any drug related felonies to the above listed registrant. They also attest that they have been properly trained to handle DEA CS and will perform all work duties in accordance with all applicable DEA regulations.

	Full Name of Authorized User (PRINT ONLY)	Job Title	Authorized User Signature	DEA Registrant Initial & Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



Research

Research Laboratory & Safety Services

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Tucson, AZ 85724-5101
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rlss.arizona.edu

	Full Name of Authorized User (PRINT ONLY)	Job Title	Authorized User Signature	DEA Registrant Initial & Date
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
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25.				
26.				
27.				

Print double sided when possible.

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Effective Date: 08/14/2023

Version Number: 000

Responsible Officer/Title: RLSS/Chemical Hygiene Officer

UNCONTROLLED WHEN PRINTED