## Controlled Substances Authorized User Access Log



Registrant Name:	
Department:	
Registrant Location:	

## Instructions:

List below all persons to whom Registrant has issued a key, key code or other access device to enter room or area, housing controlled substances.

Recipient's Name	Recipient's Title	Date Access Device Issued	Recipient's Initial	Registrant's Initials	CS Screening Date (Form 1)	Controlled Substances Training Date	Date Access Device Returned or Terminated	Registrant's Initials	Recipient's Initials