



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
 Environmental
 Health *and* Safety

Controlled Substance Notification of Use

Date

Principle Investigator	Telephone	Storage Location Building _____ Room _____	Department
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Name of Controlled Substances	Drug Code/Schedule

Authorized Individuals*	Telephone Number/Location

*Persons previously convicted of a felony offense related to Controlled Substances or who had an application for registration with a state or federal agency denied or who surrendered a registration for cause may not be authorized to work with these materials.

Please submit completed form to EHS and department administrator