# Form 2

# Controlled substances access log

|  |  |
| --- | --- |
| **Name of Registrant** |  |
| **Registered Location** |  |
| **DEA Registration Number** |  |

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 Issued** | **Recipients Initials** | **Registrant’s Initials** | **Date Access Revoked** | **Recipients Initials** | **Registrant’s Initials** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |