**Authorized Personnel Log Instructions**

Each licensee/registrant or research laboratory must keep an updated copy of this form at all times. This includes any status changes of employees (job responsibilities, new hires, vacated positions). Only individuals listed shall be granted approval to work with controlled substances. State of Michigan and DEA Diversion Investigators expect the registrant to have an updated copy on file to review during inspections.

Grant authorized agent status to a minimum number of staff to mitigate risk of drug diversion. Authorized agents are designated by the licensee/registrant to oversee drug ordering, receiving, distribution to authorized personnel for research use, witnessing of drug waste, and maintaining access to the safe or locked cabinet.

Authorized personnel may work with controlled substances as part of their research experiments, but only the licensee/registrant or their authorized agent(s) may distribute controlled substances.

**Authorized Personnel Log**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Address as listed on DEA Certificate of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEA Registration #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI Controlled Substance Permanent ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name (Last, First)**Print or type | **Job Title** | **Authorized agent?** (Y/N) | **UMID#** | **Signature** | **Access Granted****Date** | **Access Removed Date** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |