



THE UNIVERSITY OF
MISSISSIPPI

Health and Safety

100 Health and Safety Building
Phone (662) 915-5433

To: All Employees Working With Controlled Substances

From: Alice M. Clark, Ph.D. Vice Chancellor for Research and Sponsored Programs
Larry Sparks, Vice Chancellor for Administration and Finance
Lee Tyner, Chief of Staff to Chancellor

Date: Not Today

Subject: DEA Registrations, Inspections, and List of Authorized Users

All laboratories and areas utilizing or storing Schedule I-V controlled substances must have at least one DEA-licensed supervisor. Please complete the attached Controlled Substance Information and Authorized User List Form, and submit the completed form to:

Health and Safety:

- Fax 915-5433 OR
- Scan and Email a .PDF to DEA@olemiss.edu

Please *DO NOT* return this information form through campus mail. If you do not have access to a Fax or Scanner, call 5433 and they will schedule a representative to pick up your form(s).

You must notify the Department of Health and Safety **(915-5433)** immediately whenever you are contacted by the DEA to schedule a visit, or whenever a DEA official arrives without advance notice and asks to conduct an audit.

Contact Health and Safety at 915-5433 if you have any questions, concerns, or if you need any additional information.

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

Phone (662) 915-5433 Fax (662) 915-5480

CONTROLLED SUBSTANCE INFORMATION and AUTHORIZED USERS LIST

Registrant Name:	Registration Number(s):
Building / Location:	Room #:
E-mail: _____@olemiss.edu	Phone #: _____ Office ___ Cell

Below is a current list of all persons designated by me, the DEA license holder, to access controlled substances at the above location and room.
*Each authorized user must provide the information requested.

Name (Print or Type)	Signature (Legal Signature)	Date of Birth (MM/DD/YYYY)	Initials (As Written on the Administered/Dispensed Record)
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

I hereby certify that I have designated the persons listed above as Authorized Users for this location.

Signature of the Registrant: _____ Date: _____

Send with a PDF copy or Fax of your DEA license registration to DEA@olemiss.edu (or fax to 5480). Keep a copy of this form with your records.

**Update any changes in listed personnel or registration immediately.