

**Controlled Substance Safe/Refrigerator Access Log**

<input type="checkbox"/> Safe and /or <input type="checkbox"/> Refrigerator	
Opened By: _____	Date: _____ Time: _____
Item(s) Removed: _____	Manufacture/Lot number: _____
_____	
_____	
Witness: _____	
Above items Returned: By: _____	Date: _____ Time: _____
Witness: _____	

<input type="checkbox"/> Safe and /or <input type="checkbox"/> Refrigerator	
Opened By: _____	Date: _____ Time: _____
Item(s) Removed: _____	Manufacture/Lot number: _____
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_____	
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Deputy Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_