## CONTROLLED SUBSTANCES INVENTORY RECORD

The DEA requires an initial and biennial physical inventory of all controlled substances. All records of inventory must be kept on file

Schedule I and II controlled substances must be listed on a separate inventory record from other scheduled substances.

INVENTORY TYPE													
Initial Inven	itory		Bi	ennial	Inventory								
CONTACT INFORMATION													
			Date:		Tim	ie:	Morning						
							Afternoon/Ev	ening					
			Signati	ure:									
:	Schedules	land	П			Schedule	s III, IV and V						
	CONTROLLE	D SUE	BSTANCE	INVEN	TORY								
ırate line for e	ach container; d	do not	leave bla	anks- cro	oss out and in	nitial all e	empty blocks)						
stance	Form		Strength	1	Quantity		Comments						
nine HCL	Solution		100mg/n	nL	10 mL		Unopened						
		Initial Inventory  CON  Schedules  CONTROLLE  arate line for each container; of the	Schedules I and CONTROLLED SUB- Barate line for each container; do not ostance Form	Initial Inventory  CONTACT INFORM  Date:  Signate  Schedules I and II  CONTROLLED SUBSTANCE  Carate line for each container; do not leave blace  Distance  Form  Strength	Initial Inventory  CONTACT INFORMATION  Date:  Signature:  Signature:  CONTROLLED SUBSTANCE INVENTAGE   Strength	Initial Inventory  CONTACT INFORMATION  Date: Tim  Signature:  Schedules I and II  CONTROLLED SUBSTANCE INVENTORY  arate line for each container; do not leave blanks- cross out and in ostance  Form Strength Quantity	Initial Inventory  CONTACT INFORMATION  Date: Time: Signature:  Signature: Schedules I and II Schedule  CONTROLLED SUBSTANCE INVENTORY  Brate line for each container; do not leave blanks- cross out and initial all electrons of the stance of	Initial Inventory  CONTACT INFORMATION  Date: Time: Morning Afternoon/Events Inventory  Signature: Schedules I and II Schedules III, IV and V  CONTROLLED SUBSTANCE INVENTORY  Brate line for each container; do not leave blanks- cross out and initial all empty blocks)  Strength Quantity Comments					

CONTROLLED SUBSTANCE INVENTORY (Continuation Page)  (Use a separate line for each container; do not leave blanks- cross out and initial all empty blocks)								
Controlled Substance	Form	Strength	Quantity	Comments				
Example: Ketamine HCL	Solution	100mg/mL	10 mL	Unopened				
	1							

Store signed document in a secure location for a minimum of two years

Page \_\_\_\_ of \_\_\_\_