

Controlled Substances Program Form 3

Controlled Substances Inventory

Initial Inventory: Yes No OR Biennial Inventory: Yes No

Instructions: A separate copy of this form should be used for baseline controlled substances inventory for subsequent biennial inventories. A complete physical inventory should be completed of all controlled substances at the beginning or close of business. Separate inventory sheets must be maintained for Schedule I & II Controlled Substances and Schedule III, IV & V Controlled Substances.

Registrant's Name: _____

Department: _____

Registration Number: _____

Registration Location: _____

Complete Physical Inventory? Yes No

Date: _____

Time: _____ Beginning of Business _____ Close of Business

Line No.	Name of substance	Identification Number or Manufacturer's Lot Number	Product Form / Concentration	Schedule	Volume or Quantity per Container	Number of containers
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
12						

*List opened/partially used containers individually.

Make an exact count of C-I or C-II contents. Make an exact count if a C-III, -IV or -V container held more than 1,000 tablets or capsules. Count or measure the contents if the container holds less than 1,000 tablets or capsules.

At least two (2) people must together perform, sign and date this inventory: 1) _____ 2) _____

Reviewed by Registrant: _____ Date: _____
(Signature)