

Biennial Controlled Substance Inventory Record Form

(Use a separate line for each container)

Principal Investigator:			
<input type="checkbox"/> Schedule III-V <input type="checkbox"/> Schedule I-II (must use separate sheet)			
Controlled Substance Name	Form/Strength	Quantity	Notes/Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Completed by (signature):			
Date:	Time:		