

Annual Controlled Substance Inventory Record Form

- Use a separate line for each container.
- Do not skip lines between containers.
- Cross out unused lines.

Principal Investigator:			
CSL#:		DEA#:	
Storage Location (street address, building, room#):			
Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Opening of Business <input type="checkbox"/> Close of Business	
<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.			
Completed by (Print Name):			
Signature:			
Date:			