

CONTROLLED SUBSTANCE INVENTORY

Registrant Information

Registrant / Business Name: _____

DEA Registration Number: _____

Registered Address: _____

Inventory Date: _____

☐ Beginning of Business

☐ Close of Business

Certification

I certify that this inventory reflects a complete and accurate record of all controlled substances on hand at the registered location on the date indicated above.

Inventory Performed By (print): _____

Signature: _____

Date: _____

Witness (recommended) (print): _____

Signature: _____

Date: _____

Schedule I-II Controlled Substances Inventory

Line No.	Controlled Substance Name	Finished Form (Strength + Dosage Form)	Unopened Containers		Opened Containers		
			Qty.	Container Size	Qty.	Container Size	Remaining Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

DEA Regulatory References: 21 CFR 1304.04, 21 CFR 1304.11

Schedule III-V Controlled Substances Inventory

Line No.	Controlled Substance Name	Finished Form (Strength + Dosage Form)	Unopened Containers		Opened Containers		
			Qty.	Container Size	Qty.	Container Size	Remaining Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

DEA Regulatory References: 21 CFR 1304.04, 21 CFR 1304.11