

# 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