Research Animal Resources Center
University of Wisconsin – Madison

DEA Controlled Substance Inventory Report

Registrant Name _____ **DEA Registration #** _____

Date of Inventory _____

Time of Inventory *(check one)*: ☐ **Start of Business Day** ☐ **End of Business Day**

DEA Drug Schedules included in this inventory* *(check one):* ☐ I-II ☐ III-V
**Records of Schedule I & II Substances must be maintained separately from all other records of the registrant*

Fill in table for each substance on hand *(include substances awaiting disposal/destruction):*

Drug Name	**Container/ Record #**	**Finished Form** *(e.g. 10 mg/mL or 10 mg Tab)*	**Number of Units or Volume per Container** *(e.g. 100 tabs or 10 mL)*	**Total Number of Containers** *(e.g. 10 Vials)*

Inventory Performed by: _____

Print Name **Signature**

Inventory Witness: _____

Print Name **Signature**

For Guidance on State and Federal Controlled Substance Requirements Visit:
https://rarc.wisc.edu/services/pharmacy_services.html?tab=2