**Registrant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



DEA Controlled Substance Inventory Report

**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*

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

**Inventory Performed by:**

 **Print Name Signature**

**Inventory Witness:**

 **Print Name Signature**

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