UCF | Environmental Health and Safety
UNIVERSITY OF CENTRAL FLORIDA

Controlled Substance Biennial Inventory Form

Instructions: *The form can be completed online but it must be printed and signed. Completed and signed forms must be kept in the Controlled Substances Manual.*

Registrant Name: _____ DEA #: _____

Current Date: _____ Date of Last Inventory: _____

Schedule I – II ◯ Schedule III - V ◯ Time:_____ ☐ AM ☐ PM ◯ OOB (opening of business) ◯ COB (close of business)

Signature of Registrant:_____

Name of Substance	Received Date	Lot Number	Vial Number(s)	Total units