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|  | **Effective Date:04/26/2018** | **Form Number:EHS\_SOP350\_FORM001** |
| **TITLE:** Controlled Substance Biennial Inventory Form  | **Responsible Authority:HSC Safety Officer** |
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| *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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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