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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |