

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 04/26/2018	Form Number: EHS_SOP350_FORM001
	TITLE: 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