Environmental Health and Safety UNIVERSITY OF CENTRAL FLORIDA	**Effective Date: 04/26/2018**	**Form Number: EHS_SOP350_FORM006**
TITLE: Controlled Substance Initial Inventory Form	**Responsible Authority:** **HSC Safety Coordinator**	

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