Initial Controlled Substance Inventory Form

A separate initial inventory is required for each registered location. If there are no stocks of controlled substances on hand, the record should show a zero inventory. The initial inventory record should be kept at the licensed-registered location. There is no requirement to submit a copy of the initial inventory to the DEA or the State of Michigan unless it is requested.

Date:		Start of	iday ⊔ Er	nd of day ⊔		
MI Licensee	e/DEA Registrant Name:	•				
MI Licensee	e/DEA Registrant Addres	s:				
DEA Registr	ration #:					
	Controlled Substance ID	#:				
					,	
DEA Schedule*	Controlled Substance	Container Unit Type (Vial, syringe, patch, etc.)	Container Quantity	Container Volume	Concentration	
*Schedule separate f	I and II controlled subsorm.	stances must be separ	ated from all	other substances o	r places on a	
Inventory	performed by					
Inventory performed by: Print Name				Signature		
Inventory	witnessed by:					
Print Name				Signature		

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