

Date: _		DEA Registrant (Print Name):							
DEA Re	egistration Number: _		DEA Registrant Address:						
				-	(As it appears on the license)				
Invento	ory Performed By:								
		Print Na	Print Name			Signature			
Invento	ory Witnessed By:								
Print Name				Signature					
	Inventory Compl	eted at start of bu	siness day			□ Inventory 0	Completed at	t end of busine	ss day
					Unopened Containers ³		Opened Containers ^{4,5,6}		
No.1	Drug Name ²	Concentration or Form ⁷	CS Schedule	DEA #(4 digit) ⁸	Qty.	Container Size	Qty.	Container Size	Remaining Amount
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

DEA Biennial Controlled Substance Inventory Form

(1) Cross out any unused line(s). Keep the biennial inventory record at the licensed-registered location. (2) Schedule I and II drugs must be separated from all other drugs or placed on a separate form. (3) Unopened containers of same substance, manufacturer, volume, and concentration can be listed together. (4) List open containers as separate line items. (5) Measure in weight (powder or crystals) or volume (liquids) or number of units (tablets or capsules). (6) For opened containers: If the substance is listed in Schedule I or II, make an exact count or measure of the contents. (7) Finished form refers to the strength and form of the item as commercially prepared. (8) https://www.deadiversion.usdoj.gov/schedules/orangebook/c cs alpha.pdf