

Augusta University Controlled Substances Inventory Form

Initial Inventory: ___ Yes ___ No **OR** **Biennial Inventory:** ___ Yes ___ No

Instructions: A separate copy of this form should be used for initial controlled substances inventory and for subsequent biennial inventories. A complete physical inventory should be completed of all controlled substances at the beginning or close of business. Separate inventory sheets must be maintained for Schedule I & II Controlled Substances and Schedule III & V Controlled Substances.

Registrant's Name: _____

Department: _____

Registration Number: _____

Registration Location: _____

Complete Physical Inventory? ___ Yes ___ No

Date: _____

Time: _____ **Beginning of Business** _____ **Close of Business**

| Line No. * | Name of Substance | Identification Number or Manufacturer's Lot Number | Product Form / Concentration | Schedule | Volume or Quantity per Container | Number of Containers |
|------------|-------------------|--|------------------------------|----------|----------------------------------|----------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |

*List opened/partially used containers individually.

Make an exact count of C-I or C-II contents. Make an exact count if a C-III, -IV or -V container held more than 1,000 tablets or capsules. Count or measure the contents if the container holds less than 1,000 tablets or capsules.

At least two (2) people must together perform, sign and date this inventory: 1) _____ 2) _____

Reviewed by Registrant: _____ **Date:** _____

(Signature)