**Controlled Substances Annual Inventory Record**

(Use a separate line for each container)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | | | | | |
| **Registrant Name:** | |  | | **Date:** | | |  | |
| **DEA Registration #:** | |  | | **CT Registration #:** | | |  | |
| **Person Completing the Inventory (Print):** | |  | | **Signature:** | | |  | |
| **Schedule(s):** | | I and II (Use a separate inventory record) | | | | III, IV, and V | | |
| **Time of Completion:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AM  PM (Write the time and check AM or PM) | | | | | | |
| Open of Business Day  Close of Business Day (Check one for DEA compliance) | | | | | | |
| **ANNUAL INVENTORY RECORDS** | | | | | | | | |
| **Controlled Substance** | **Form** | | **Strength/**  **Concentration** | | **Quantity** | | | **Comments** |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |

* Add more rows if necessary.