**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.