



Controlled Substance Inventory

REMINDER: Scan ONLY this cover sheet into CFRx (ALT + F3) <Option 7> Scan Pharmacy Documents

Report Contents (circle ONE):

CII

CIII-V

PSE/E*

* If required by your state

CVS/pharmacy Store # 01611 DEA registration number: A28506771

Address: 1101 Moosic St

City: Scranton State: PA Zip: 18505

Circle ONE Reason:

Annual/Biennial

Initial

Change in PIC**

Quarterly State Reconciliation***

Drug(s) Newly Scheduled

Acquired**

Acquired**

Closing/Final Inventory

Opening/Receiving Inventory

Other: _____

Inventory Conducted: 12 / 11 / 22 11:31
Date Time

Circle one: Opening of Business

Closing of Business

John Roberts
SIGNATURE of verifying RPh performing inventory

John Roberts
PRINTED NAME

ATTESTATION STATEMENT for RPh: By signing this document, I am confirming the required inventory has been completed for all applicable controlled substances physically located in the pharmacy (e.g., Active Inventory, Outdated Awaiting Return, Waiting Bin)

COMPLETE ADDITIONAL SECTIONS BELOW IF APPLICABLE:

** Change in PIC or Acquired Inventory Requirement:

John Roberts
SIGNATURE of Incoming / Receiving PIC

John Roberts
PRINTED NAME

SIGNATURE of Outgoing / Sending PIC

PRINTED NAME

Massachusetts PIC Change Requirement ONLY:

☐ (Check box if) – Outgoing pharmacist Manager of Record is unavailable, staff pharmacist signature is provided above

*** Additional Quarterly State Reconciliation Requirement:

Name and signature of any additional pharmacist or designated tech performing inventory, if applicable:

1. _____
2. _____
3. _____

Stores with quarterly state reconciliations must include EXACT COUNT for controlled substances, including products in Automated Dispensing Machines, Opioids, Opioids, etc. Inventory must be documented with the number of commercial containers and volume of or number of units in each container (e.g., 1x500, 1x240 mL, 3x10 mL syringes, 45 unit dose tablets, etc.) along with the total quantities of each medication.