

## Initial or Biennial Controlled Substances Inventory (Circle one)\*

Date (MM/DD/YY): \_\_\_\_\_ Time (00:00 a.m./p.m.): \_\_\_\_\_ Start of Business \_\_\_\_\_ Close of Business \_\_\_\_\_

Street Address of Registrant: \_\_\_\_\_

VCU Building Name and Room Number: \_\_\_\_\_

Name of Controlled Substance	Lot #	Schedule of Substance	Bulk or Finished Form	Number of Units/Volume	Acquired from (DEA #, Name and Address)	Date Acquired

DEA Registrant Name (Print): \_\_\_\_\_ DEA Registration #: \_\_\_\_\_

Inventory Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Inventory Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Complete an initial inventory of zero upon receipt of initial registration. An inventory must be completed **at least** biennially (per DEA regulations). Send copy of biennial inventory to [controlsub@vcu.edu](mailto:controlsub@vcu.edu).

\*This record may be kept electronically.