**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** |
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**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.

**\*This record may be kept electronically.**