**Controlled Substances Inventory**

**Initial or Biennial (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.**

ORSP – August 2015