Controlled Substance Physical Inventory Form

Initial controlled substance inventory must be zero. Record all controlled substances obtained prior to use. Subsequent inventories must be taken at monthly.

Year: _______________

<table>
<thead>
<tr>
<th>Name of Controlled Substance</th>
<th>Conc./Size</th>
<th>Schedule Number</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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Date of Inventory

Start of Day / Time

End of Day / Time

Name/Initials

DEA License Holder: ________________________________  License Number: ________________

Signature: ________________________________  Date: ________________

Signature: ________________________________  Date: ________________