UNIVERSITY OF NOTRE DAME

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: _____

Name of Controlled Substance	Conc./ Size	Schedule Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Date of Inventory														
Start of Day / Time														
End of Day / Time														
Name/Initials														

DEA License Holder: _____ License Number: _____

Signature: _____ Date: _____

Signature: _____ Date: _____