

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.

*This record may be kept electronically.