

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. Per DEA regulations, an inventory must be completed **at least** biennially. Send copy of biennial inventory to controlsub@vcu.edu

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