

## 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: \_\_\_\_\_

Full Address of Storage Location (Registration Address including Street, City, and Zip Code):

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](mailto:controlsub@vcu.edu). Retain inventory record in registrant’s records for two years from the date of the last transaction on the inventory record. If any questions, email: [controlsub@vcu.edu](mailto:controlsub@vcu.edu).

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