

Controlled Substances Inventory Initial or Biennial (Circle one)¹

Date (MM/DD/YY): _____ Time (00:00 a.m./p.m.): _____ at²

(Enter check mark for either) 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	Total Count of Substance	Acquired From (DEA #, Name, and Address)	Date Acquired	Date Expired

DEA Registrant Name (Print):	DEA Registration #:
Inventory Conducted By:	Date:
Inventory Witnessed By:	Date:

¹ 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. 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.

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

² All inventories required by §54.1-3404 of the Code of Virginia shall be signed and dated by the person taking the inventory and shall indicate whether the inventory was taken prior to the opening or after the close of business on that date.