



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: _____