

**CONTROLLED SUBSTANCES BIENNIAL INVENTORY**

**(to be completed at least every 2 years)**

INVESTIGATOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEA LICENSE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEGINNING or END of BUSINESS (e.g. before or after any experiments that day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DRUG NAME** | **STRENGTH** (e.g. xx mg/ml) | **FORM** (e.g. liquid or powder) | **UNITS** (e.g. 10 ml vials, 100 mg bottle) | **BALANCE** **ON HAND** | **INITIALS**  |
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