Annual Controlled Substance Inventory Form

Inventory must be performed between April 1 and June 30 of each year. A separate annual inventory is required for each registered location. Mail to: Michigan Board of Pharmacy, P.O. Box 30454, Lansing, MI 48909. Retain a signed and completed copy of this form at the licensed location. The completed form can serve as the biennial inventory required by the DEA.

Date:	Start of day ☐ End of day ☐
MI Licensee/DEA Registrant Name:	
MI Licensee/DEA Registrant Address:	
DEA Registration #:	
State of MI Controlled Substance ID #:	

DEA Schedule*	Controlled Substance	Container Unit Type (Vial, syringe, patch, etc.)	Container Quantity	Container Volume (amount left in container)	Concentration

**Schedule I and II controlled substances must be separated from all other substances or placed on a separate form.*

Inventory performed by: _____ _____

Print Name Signature

Inventory witnessed by: _____ _____

Print Name Signature

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