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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. Retain a signed and completed copy of this form at the licensed location. It is no longer required to send a copy of the annual inventory to the State of Michigan. The completed form can serve as the biennial inventory required by the DEA.

Date: Start of day \square End of day \square						
MI Licensee	/DEA Registrant Name:					
MI Licensee/DEA Registrant Address:						
DEA Registr	ation #:					
State of MI	Controlled Substance ID	#:				
DEA Schedule*	Controlled Substance	Container Unit (Vial, syringe, p etc.)		Container Quantity	Container Volume (amount left in container)	Concentration
*Schedule I a	nd II controlled substances	must be separated	d from al	l other substan	ices or placed on a sep	arate form.
Inventory performed by:Print Name			Signature			
Inventory wi	tnessed by:					
Print Name				Signature		

MSU EHS Version4 Updated 1.2020