UNIVERSITY OF OREGON
CONTROLLED SUBSTANCE INVENTORY FORM

DEA Registrant: _____ **DEA Certificate Number:** _____ **Inventory Date:**_____

Inventory Time: _____ **Indicate:** ◯ Beginning of Workday ◯ Close of Workday

		Finished Form			
Internal Inventory #	**Controlled Substance Name**	**Volume / Weight / Count**	**Concentration**	**Form (e.g. liquid, powder, tablets)**	**Size and # of Commercial Containers**

Comments: _____

_____

_____

Signature of DEA Registrant conducting inventory: _____

Revised: 12/2015