## INITIAL INVENTORY OF CONTROLLED SUBSTANCES

1. Only the DEA registrant or Authorized Agent may complete the initial inventory. Record total quantity of the substance to the nearest metric unit weight/volume or the total number of units in finished form.
2. Separate Inventories are required for Schedule I & II Controlled Substances, when applicable.

Fill out boxes upon receipt (initial inventory):

|  |  |  |
| --- | --- | --- |
| DEA Registrant: | Location of Storage: | Initial Inventory Performed By (Print and Sign): |
| Date Received: | Time: | Notes: |
| Date of Initial Inventory (leave Blank if Same as “Date Received”): |

I verify that the substances listed below were received and secured appropriately for their schedule and that the inventory is intended for research use.

|  | **Name of Drug** | **DEA Schedule** | **Container Unit Type (form)** | **Container Quantity (no. units)** | **Volume (ml)** | **Concentration (mg/ml)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

## CONTROLLED SUBSTANCES USAGE LOG (Page \_\_\_ of \_\_\_ )

1. One log sheet must be completed **for each container** of Controlled Substance (CS).
2. Controlled Substance usage must be tracked on a per dose (use) basis and only by an Authorized Agent. Record total quantity of the substance to the nearest metric unit weight/volume or the total number of units in finished form.

|  |  |  |
| --- | --- | --- |
| DEA Registrant: | Controlled Substance Name: | Manufacturer/Supplier:  |
| Lot or Serial #: | Expiration Date: | Form:\_\_\_Tablet \_\_\_Injectable \_\_\_Elixir \_\_\_Powder |
| Container Amount (including weight of container if Schedule-I & II): | Vial/Bottle Number \_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ vials/bottles |  |
| Date Disposed (if container expired before used up) - Indicate pickup time of authorized handler (reverse distributor): Room Number: |

|  | **Date & Time** | **IACUC Protocol #** | **Purpose for Use** (e.g., anesthesia, disposal, etc.)  | **Amount Removed** (in ml, tablets, vials, etc.) | **Amount Remaining** (in ml, tablets, vials, etc.) | **Signature of Authorized Agent dispensing CS** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |
| \*For C-II powders, include both the amount taken and amount remaining as well as weight of container before and after removal (e.g., [initial weight of container + drug] – amount drug = X) |

## CONTROLLED SUBSTANCE INVENTORY FORM (Periodic – Recommend Monthly)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Controlled Substance** | **Controlled Substance Schedule Number** | **Total Inventory Quantity\*** (including concentration for solutions, finished form of the substance, number of dosage units – e.g., 100 tablet bottle, and number of total containers for each) | **Reason for Substance Being Maintained**  | **Physical Inventory Matches Usage Log (check if “yes”; if “no,” describe discrepancy and bring to attention of dept. administrator)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*for Schedule III-V, identify total quantity of the substance to the nearest metric unit weight/volume of the total number of units; for Schedule I & II, perform an exact count of measure of quantity.

|  |  |
| --- | --- |
| **Principal Investigator / DEA Registrant:** | **Building/Laboratory/Room Number:** |
| **Phone:** | **E-mail:** |
| **Inventory Date:****Conducted at Beginning or Close of Business?** | **Inventory recorded by (Print/Signature):** |

## DEA FORM 222 TRACKING LOG (Schedule I & II)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **222 Form Serial #** | **Date Received** | **Date Blank 222 Form Used**  | **Order Sent To:** **(Supplier)** | **Purchasing Agent Initial** | **Date Order Received and 222 Form Copy 3 Completed**  | **Authorized Individual** **Initials** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*In the case of an error in completing the form, void all copies of the form and retain voided form in records.

Note: All unused and voided forms must be return to the DEA upon registration termination or change of address.