# University of Toledo Controlled Substance Research Records

**Annual Controlled Substance Inventory Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEA Registrant (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEA Registrant Address (as appears on DEA Form 223):**

**DEA Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State of OH Controlled Substance permanent ID # (site specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Inventory Performed by:

Print Name Signature

Inventory Witness:

Start of day End of day

Print Name Signature

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DEA Schedule \*** | **Name of Controlled Substance** | **Container or Unit Type**  **(i.e., bottle)** | **Quantity of Containers** | **Container Volume (i.e, ml, number pills)** | **Concentration (mg/ml)** |
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**\*Schedule I and II drugs must be separated from all other drugs or placed on a separate form.**

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Keep the Annual Inventory record at the licensed-registered laboratory location. Do not submit a copy of the inventory to the DEA or State of Ohio unless requested.