University of Michigan
Controlled Substance Research Records
DEA Biennial Controlled Substance Inventory Form

Date: _____

DEA Registrant (Print Name): _____

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

_____

_____

DEA Registration #: _____

State of MI Controlled Substance permanent ID # (site specific): _____

Inventory Performed by: _____

Print Name Signature

Inventory Witness: _____

Print Name Signature

☐ Start of day
☐ End of day

DEA Schedule *	Controlled Substance	Container Unit Type	Container Quantity	Container Volume (ml)	Concentration (mg/ml)

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

Page of

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