

# BIENNIAL CONTROLLED SUBSTANCE INVENTORY

Schedule \_\_\_\_\_

CONTROLLED SUBSTANCE (Name, Strength, Size)	BEGINNING AMOUNT	AMOUNT ON HAND	EXPIRATION DATE
<i>DIAZAPAM, 5MG, 100 COUNT</i>			

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BEFORE BUSINESS DAY: \_\_\_\_\_

AFTER BUSINESS DAY: \_\_\_\_\_

SIGNATURE OF PERSON  
TAKING INVENTORY: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_