

CONTROLLED SUBSTANCE PHYSICAL INVENTORY

PI Name: _____

Performed by: _____

Witnessed by: _____

Date: _____

Time: _____

Type of Inventory (choose one):

Name of Controlled Substance (Concentration)	Open bottle (total volume [mls] or weight [mg or gm])	Unopened Bottles (total volume [mls] or weight [mg or gm])	Expiration Date	Total Quantity on Hand (total volume [mls] or weight [mg or gm])	Discrepancies noted?	License Holder notified?
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No
					Yes / No	Yes / No