

Central Michigan University  
 Controlled Substance Research Records  
**Initial / Closing (circle one)**  
**Inventory Log**

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

DEA Registrant name (Print): \_\_\_\_\_

DEA Registrant Address (as appears on DEA Certificate of Registration): \_\_\_\_\_

State of Michigan Controlled Substance Permanent ID # \_\_\_\_\_

Inventory performed by (print/sign): \_\_\_\_\_

Inventory witness (print/sign): \_\_\_\_\_

Start of day

End of day

DEA Schedule	Controlled Substance	Container Unit Type	Container Quantity	Container Volume	Concentration

- Schedule I and II controlled drugs must be listed together *and* separate from Schedule III-V controlled drugs.
- List partial vials on separate lines