**IACUC CONTROLLED SUBSTANCES PHYSICAL INVENTORY – SCHEDULE II ONLY**

**A separate initial inventory is required for each registered location. An exact count is required at least biennially for each item listed.**

**Only one form may be used per inventory. Upon completion, cross out all unused lines and *keep the inventory record in the safe* at the registered location.**

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| **DEA Registrant (Print):** | **DEA Registration Number:** | **Location:** | **Type of Inventory:** |
|  |  |  | [ ]  Initial [ ]  Quarterly [ ]  Biennial |
| **Inventory Performed By (Print):** | **Date:** | **Time:** | **Signature of Person Performing Inventory:** |
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| **Name of Controlled****Substance** | **Form:****(liquid/solid/****powder** | **Strength/****Concentration** | **Quantity on Hand** |  | **Name of Controlled****Substance** | **Form:****(liquid/solid/****powder** | **Strength/****Concentration** | **Quantity on****Hand** |
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