

**CONTROLLED SUBSTANCE
ANNUAL INVENTORY**

This inventory is to be completed ON MAY 1st.

PI/License Holder: _____

DEA License Number: _____

DHEC Registration Number: _____

Address: 113 Pi Rho Court 136- _____ Clemson, SC 29631

DRUG NAME: _____

Schedule: _____

Concentration(mg/ml): _____

Bottle total volume (ml): _____

Unique Bottle Identifiers: _____

Total volume remaining (ml): _____

Date and time performed: _____

Beginning of Business **Close of business**

Expiration Date: _____

Performed by: _____

(Print and signature)

(witness)

Comments: