

**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	Conc (mg/ml)	Bottle total volume (ml)	Quantity of bottles (each)	Total volume remaining (ml)	Expiration Date

Date and time performed: _____

Beginning of Business **Close of business**

Performed by: _____ (print and signature)

_____ (witness)

Comments: