

**West Virginia University**

**Use of Controlled Substances in Research**

**Biennial Controlled Substance Inventory Form**

DEA Registrant's Name:	DEA Registration #:
Department:	Title:
DEA Registrant Address (as appears on DEA Form 223) (Street, City, Zip code):	
Building:	Room:
Date of Inventory:	<input type="checkbox"/> Start of Day <input type="checkbox"/> End of Day

*Any discrepancies identified between actual physical quantity and remaining quantity according to the Deduction Card/Usage Log should be reported to WVU EHS within one business day.*

If the substance is listed in Schedule I or II, make an exact count or measure of the contents (21 CFR 1304.11 paragraph (e)(6)(i))

If the Substance is listed in Schedules III-V, make an estimated count or measure the contents, unless the container holds more than 1,000 tablets or capsules in which case, he/she must make an exact count of the contents (21 CFR 1304.11 paragraph (e)(6)(ii))

Controlled Substance Name	DEA Schedule (I-V)	WVU Inventory Number(s)	Form (liquid, powder, tablets, etc.)	Concentration / Strength	Number of Containers	Container Volume	Total Quantity	Any containers damaged, defective, impure, expired, or unusable?
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *

Controlled Substance Name	DEA Schedule (I-V)	WVU Inventory Number(s)	Form (liquid, powder, tablets, etc.)	Concentration / Strength	Number of Containers	Container Volume	Total Quantity	Any containers damaged, defective, impure, expired, or unusable?
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *

Controlled Substance Name	DEA Schedule (I-V)	WVU Inventory Number(s)	Form (liquid, powder, tablets, etc.)	Concentration / Strength	Number of Containers	Container Volume	Total Quantity	Any containers damaged, defective, impure, expired, or unusable?
								<input type="checkbox"/> No <input type="checkbox"/> Yes *
								<input type="checkbox"/> No <input type="checkbox"/> Yes *

\* For any Controlled Substance that is damaged, defective, impure, expired, or unusable, briefly explain why the substance is being maintained by the Registrant in such a state:

Are any of these substance(s) capable of use in the manufacture of any Controlled Substance in Finished Form?

Are these substances labeled "DO NOT USE"?

I certify that the above inventory is complete and accurate as specified in 21 CFR 1304.11:

Inventory Performed By: \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Sign name)

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

Inventory Witness: \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Sign name)

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