

Controlled Substances

Inventory Form



Drug Storage Location (postal address, including building/room):		Registrant Name:		Inventory Date:	
Ohio Board of Pharmacy (OBP) TDDD License #:	DEA Registration # (if applicable):	Inventory Type (select one): ☐ Initial ☐ Annual ☐ Biennial		Time of Inventory (select one): ☐ Business Open ☐ Business Close	
Name of Individual Performing Inventory:		Signature of Individual Performing Inventory:			
Name of Individual Witnessing Inventory:		Signature of Individual Witnessing Inventory:			
- This form can be used to complete initial, annual (OBP), and biennial (DEA) inventory. See OBP Controlled Substance Inventory Requirements and 21 CFR 1304.11. - Schedule I and II substances require an exact count/measure of the contents. Schedule III–VI substances require an estimated count/measure of the contents unless the container holds more than 1000 tablets or capsules, in which an exact count of the contents must be made. - Inventories of Schedule I and II drugs must be maintained separately from all other controlled substance records. - If substance is <u>not in use</u> (e.g. awaiting disposal, defective) you must list a reason why and disclose if the substance can be used to manufacture any controlled substance in finished form in the “Not in Use Comments” column of this form.					

Drug Name	Schedule	Concentration (e.g. 10 mg/tablet; 10 mg/mL)	Container Size (e.g. 100 tablet bottle; 3mL vial)	Number of Containers	Expiration Date	Not in Use Comments (see explanation above)

[illegible]