CONTROLLED SUBSTANCES INVENTORY LOG

(CII must be separated from CIII-CV inventory)

Name of Pharmacy			
DEA Registration Number:			
Address:			
City:	State:	Zip Code:	
Date of Inventory: (Must be within 4 days of s	pecified annual contro	olled substance inventory date	e each year)
Inventory taken at: Opening	ng / Closing of busine	ss (circle one)	
Started at (time):	and I	Ended at (time):	
Signature of person(s) who	took inventory:		
Signature of PIC: (Signature of PIC and the d three working days of the in		_ Date:hall be documented within 72	2 hours or
Inventory records shall be available for inspection.	e maintained for a p	eriod of five years and be re	eadily
(See R156-17b-605 Operat instruction)	ing Standards – Inver	atory Requirements, for further	er