**ANNUAL SUMMARY REPORT OF CONTROLLEDSUBSTANCE INVENTORY**

|  |  |  |
| --- | --- | --- |
| Authorized User:  |   | Location :  |
|  (Please print)  |   |  (Please print) |
| Inventory |  |  |
| Reported by:  |   | Date of inventory:  |
|  (Please print)  |   |  (Please print) |

Signature: DEA License : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last DEA Inspection Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Controlled substance** **Name and class** | **Amount Purchased this year****(Please use appropriate unit)** | **Amount used this year****(Please use appropriate unit)** | **Amount on hand at end of year** **(Please use appropriate unit)** | Amount of expired/ not planning to use**(Please use appropriate unit)** |
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