Biennial Physical Drug Inventory

Name of Controlled Substance	Drug Code #	Conc./Size	Form	Units	Bottle	Quantity	Total Amount	Gross Weight
Date of inventory								
Time (Start of Day / End of Day) indicate AM or PM								
Name/Initials								

DEA License Holder: _____ License Number: _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____