## Central Michigan University Controlled Substance Research Records DEA Biennial Controlled Substance Inventory Form

Date:					
DEA Registrant (F	Print Name):				
DEA Registrant Ad	ldress (as appears	s on DEA Form 2	23):		
DEA Registration #	#•				
_					
State of MI Contro	lled Substance pe	rmanent ID # (si	te specific):		
Inventory Performed b	oy:				
	Print Name		Signature		
Inventory Witness:					
	Print Name		Signature		
Start of d					
☐ End of da	<u> </u>	T		1	T
DEA Schedule *	Controlled Substance	Container Unit Type	Container Quantity	Container Volume (ml)	Concentration (mg/ml)
			Quantity	, 0101110 (1111)	(
	+				
	+				
	+	+			
	+				
	I and II dwgg myg	t he constant from	all other drugs	or placed on a separ	ata form
Schedule	1 and 11 drugs mus	t be separated from	i an other drugs (	or piaceu on a separ	ate form.
Do oo					
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Keep the Biennial Inventory record at the licensed-registered laboratory location. Do not submit a copy of the biennial inventory to the DEA or State of Michigan unless requested.