

Complete and mail between April 1-June 30

Central Michigan University
Controlled Substance Research Records
State of Michigan (SOM) Annual Inventory Log

Date: _____

SOM Licensee/DEA Registrant name (Print): _____

SOM Licensee/DEA Registrant Address: _____

DEA Registration Number: _____

State of Michigan Controlled Substance Permanent ID # _____

Inventory performed by (print/sign): _____

Inventory witness (print/sign): _____

Start of day

End of day

DEA Schedule	Controlled Substance	Container Unit Type	Container Quantity	Container Volume	Concentration

- **Schedule I and II controlled drugs must be listed together *and* separate from Schedule III-V controlled drugs.**
- **List partial vials on separate lines**

Mail to:
State of Michigan, Bureau of Health Professions-Health and Regulatory Division, Annual Inventory,
6546 Mercantile Way, Suite 2, PO BOX 30454, Lansing, MI 48909