**Effective: 4/5/2023** 

## **Controlled Substance Activity/Inventory Record**

Drug Name:						
Manufacture/Lot #:				Expiration Da	te:	
Storage Location: Refrigerator/ Freezer / Safe				Schedule	Box #:	
Weight of Con	ıtainer wi	th substance (tr	ansferred	I from existing reco	ords):	
Newly purcha	sed substa	ances only: Date	e Received	l:	-	
Amount of substance purchased:				Weight of Substance w/ container:		
Activity Recor	·q.					
Date Accessed	Initials	Reason for	Balance ID	Starting Weight	Weight Taken	Final Weight
Accesseu		use ☐ Standard	Iν	(mg)	(mg)	(mg)
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For Inventory	7.	Inventory				
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Inventory Date		weigh	t is/is not a	as expected Initial.	Witness:	
my emery Buce		" CIGIT	. 15/15 1100	as expected initial		
Inventory Date:		weight	t is/is not a	as expected Initial:	Witness:_	
	1					
Inventory Date:		weigh	t is/is not a	as expected Initial:_	Witness:_	
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Inventory Date	:	weigh	t is/is not a	as expected Initial:_	Witness:_	
Inventory Date	:	weigh	t is/is not a	as expected Initial:_	Witness:	