

Controlled Substance Activity/Inventory Record

Drug Name: _____

Manufacture/Lot #: _____ **Expiration Date:** _____

Storage Location: Refrigerator/ Freezer / Safe **Schedule** _____ **Box #:** _____

Weight of Container with substance (transferred from existing records): _____

Newly purchased substances only: Date Received: _____

Amount of substance purchased: _____ **Weight of Substance w/ container:** _____

Activity Record:

Date Accessed	Initials	Reason for use	Balance ID	Starting Weight (mg)	Weight Taken (mg)	Final Weight (mg)
		<input type="checkbox"/> Standard <input type="checkbox"/> Inventory				
		<input type="checkbox"/> Standard <input type="checkbox"/> Inventory				
		<input type="checkbox"/> Standard <input type="checkbox"/> Inventory				
		<input type="checkbox"/> Standard <input type="checkbox"/> Inventory				
		<input type="checkbox"/> Standard <input type="checkbox"/> Inventory				
		<input type="checkbox"/> Standard <input type="checkbox"/> Inventory				
		<input type="checkbox"/> Standard <input type="checkbox"/> Inventory				

For Inventory:

Inventory Date: _____ weight **is/is not** as expected Initial: _____ Witness: _____

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Inventory Date: _____ weight **is/is not** as expected Initial: _____ Witness: _____

Inventory Date: _____ weight **is/is not** as expected Initial: _____ Witness: _____

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