

Controlled Substance Activity/Inventory Record

Drug Name: _____	Type: Powder / Liquid
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:

							For Liquid Standards Only*	
Date Accessed	Initials	Reason for use	Balance ID	Starting Weight	Weight Taken	Final Weight	Vol. used	Vol. Remaining
		<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						

* When solution has been used up – complete the Controlled Substance Disposition Record.

For Inventory:

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

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