

Controlled Substances Inventory Log

Pharmacy Name: _____

Pharmacy Address: _____

DEA Registration Number: _____

Date of Inventory: _____

Inventory Taken at: ☐ Opening or ☐ Closing of Business

Started at (Time): _____

Ended at (Time): _____

Signature of person responsible for taking inventory

Print name of person responsible for taking inventory

Signature of Notary