

Controlled Substance Inventory Sheet

Date

Location

Responsible Person

Remarks

| # | Drug Name | Strength | Form | Quantity on Hand | Container Size | Manufacturer | Lot # | Expiration Date | Comments |
|---|-----------|----------|------|------------------|----------------|--------------|-------|-----------------|----------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Inventory Counted By

Date

Witness (if required)