Annual Controlled Substance Inventory Form

Inventory must be performed between April 1 and June 30 of each year. A separate annual inventory is required for each registered location. Mail to: State of Michigan, Bureau of Health Professions- Health and Regulatory Division, Annual Inventory, 6546 Mercantile Way, Suite 2, P.O. Box 30454, Lansing, MI 48909. Retain a signed and completed copy of this form at the licensed location. The completed form can serve as the biennial inventory required by the DEA.

Date:		Start of	rday ⊔ Er	nd of day \square	
MI Licensee	/DEA Registrant Name:				
MI Licensee	e/DEA Registrant Address	s:			
DEA Registr					
State of MI	Controlled Substance ID	#:			
		T	1	1	
DEA Schedule*	Controlled Substance	Container Unit Type (Vial, syringe, patch, etc.)	Container Quantity	Container Volume	Concentration
			<u> </u>	<u> </u>	
*Schedule I d	and II controlled substances	s must be separated from (all other substai	nces or places on a sepo	arate form.
Inventory pe	rformed by:				
Print Name			Signature		
Inventory wi	tnessed by:				
Print Name			Signature		

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