

PI CONTROLLED SUBSTANCES BIENNIAL INVENTORY FORM

San Diego State University

Taken _____, as of the opening of business or after close of business.

Principal Investigator: _____
Last First

Department: _____ **Phone: 594-** _____

INSTRUCTIONS:

1. Take an inventory of all controlled substances in your possession.
2. This form is to be conducted and completed only by the Principal Investigator.
3. Submit to EH&S within two days after inventory is completed.
4. If there are any changes to personnel i.e. addition/deletion, submit to EHS the Authorization Update Form.

Schedule II:

Storage Location: _____

Controlled Substance Name	Check if Dilution, or indicate lot #	Number of Packages	Number Of Containers	Contents (Number of grams, tablets, ounces or other units per container)	Controlled Substance Concentration (Each container)
	<input type="checkbox"/> Dilution Lot#:				
	<input type="checkbox"/> Dilution Lot#:				
	<input type="checkbox"/> Dilution Lot#:				
	<input type="checkbox"/> Dilution Lot#:				
	<input type="checkbox"/> Dilution Lot#:				
	<input type="checkbox"/> Dilution Lot#:				

Surrender empty bottles, expired drugs or drugs no longer in use with its Controlled Substance Dispense Record to EHS. In addition, complete and submit the Controlled Substance Surrender Record. Contact EHS at (619) 594-2865 for appointment.

Schedule III-V:

Storage Location: _____

Controlled Substance Name	Schedule Number	Check if Dilution, or indicate lot #	Number of Packages	Number Of Containers	Contents (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each container)
		<input type="checkbox"/> Dilution Lot#:				
		<input type="checkbox"/> Dilution Lot#:				
		<input type="checkbox"/> Dilution Lot#:				
		<input type="checkbox"/> Dilution Lot#:				
		<input type="checkbox"/> Dilution Lot#:				
		<input type="checkbox"/> Dilution Lot#:				
		<input type="checkbox"/> Dilution Lot#:				
		<input type="checkbox"/> Dilution Lot#:				
		<input type="checkbox"/> Dilution Lot#:				

Surrender empty bottles, expired drugs or drugs no longer in use with its Controlled Substance Dispense Record to EHS. In addition, complete and submit the Controlled Substance Surrender Record. Contact EHS at (619) 594-2865 for appointment.

I certify that this PI Controlled Substance Biennial Inventory (Schedule II-V) taken _____, as of the opening of business or after close of business is an accurate and complete inventory of my controlled substances.

Principal Investigator: _____

Date: _____

Controlled Substance Program Mgr.: _____

Date: _____