

**San Diego State University
Environmental Health & Safety**

BIENNIAL CONTROLLED SUBSTANCES INVENTORY FORM

Date Inventory Performed: _____

Principal Investigator/Instructor: _____

Department: _____ **Phone:** _____

INSTRUCTIONS: To be completed only by Principal Investigator or Instructor. Fill out a SEPARATE LINE for each type of drug you possess. Obtain the signature of your Department Chair or Director and submit to EH&S within two days after inventory is completed.

Controlled Substance Name	Strength or Dosage Form	Quantity on Hand (metric units or finished form)	Perpetual Balance (from CSDR)	Discrepancy Amount*	Controlled Substance Tracking Number	Storage Custodian Signature

* Explain all discrepancies between On-Hand and Perpetual Balance amounts on the reverse side.

I certify that this is a true and correct inventory of my controlled substances.

Principal Investigator: _____

Date: _____

Dept. Chair: _____

Date: _____

