

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
REGISTRANT'S INVENTORY OF CONTROLLED SUBSTANCES**

**TO: University Compliance Office
168 Ashley Avenue
MSC 857
Phone 792-8744/Fax 792-7066**

_____, 20____
(Date)

The following is an inventory of Controlled Substances from _____
(Department)

(Street address and P.O Box and Room Number)

_____/_____
(DEA Registrations No. and Exp. Date)

_____/_____
(DHEC Registrations No. and Exp. Date)

This inventory was taken on _____, 20____, at _____ (AM), (PM)

(Inventory Taken By)

(Registrants Signature Verifying Inventory)

	Name of Drug or Preparation	Number of Containers	Contents Number of Grams, Tablets, Ounces or other Units per Container	Contents Each Unit	Control Number	Schedule
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Name of Drug or Preparation	Number of Containers	Contents Number of Grams, Tablets, Ounces or other Units per Container	Contents Each Unit	Control Number	Schedule
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

**** Attach a copy of your DEA and DHEC Certificates****

The Medical University Controlled Substance's Inventory date is June 30th. Therefore, you are to inventory all Controlled Substances in your area of responsibility. If you do not maintain any Controlled Substances, the form must be completed indicating such. This inventory must be finalized at the close of the day, on June 30th. This will provide an accurate starting point for any Controlled Substance audits. **NO LATE INVENTORIES ARE ACCEPTED AS PER DHEC'S RULING.**

When recording on this form, list **ALL Schedule II** Substances first. Draw a **double line** under the **Schedule II** entry and then continue the inventory of **Schedule III, IV, and V** Substances. For each separate storage area use a separate inventory sheet, and list the room number on each sheet.

Upon finishing the inventory, please send a **copy** of your inventory along with a **copy** of your department's DEA and DHEC certificates to the address on the front of the sheet. The **original** inventory must be filed with your Controlled Substance Records.

If you have questions, please feel free to contact the University Compliance office at 792-8744 or Internal Audit at 792-4561.