University of Michigan

Controlled Substance Research Records

**State of Michigan (SOM) Annual Inventory Log**

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| --- | --- |
| **Date:**  |  |
| **SOM Licensee/DEA Registrant name (Print):**  |
| **SOM Licensee/DEA Registrant Address:**  |
|  |
| **DEA Registration Number:**  |
| **State of Michigan Controlled Substance Permanent ID #**  |
| **Inventory performed by (print/sign):**  |  |
| **Inventory witness (print/sign):**  |  |

**Completed at: ☐Start of day or ☐End of day**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DEA Schedule** | **Controlled Substance** | **Container Unit Type** | **Container Quantity** | **Container Volume** | **Concentration** |
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* **Schedule I and II controlled drugs must be listed together *and* they must be listed separately from Schedule III-V controlled drugs.**
* **List partial vials on separate lines.**